THE RELATIONSHIP BETWEEN EXPOSURE TO COMMUNITY VIOLENCE, SOCIAL SUPPORT, PARENTING ATTITUDES AND CHILD BEHAVIOURAL ADJUSTMENT

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Abstract

The present study investigates the relationships between exposure to community violence, household demographic characteristics, social support, parenting attitudes and child/adolescent behavioural adjustment. Participants were drawn from two economically disadvantaged, high-violence neighbourhoods in the Western Cape. The total sample comprised 305 children aged between 9 and 16 years and their primary caregivers (N = 213). Questionnaires were administered to children at primary and high schools. Caregivers were administered questionnaires in their homes by trained research assistants. Children completed the Survey of Exposure to Community Violence, the Piers-Harris Self-Concept Scale and the Social Support Scale for children. Caregivers completed a demographic questionnaire, the South African Child Assessment Schedule, the Adult-Adolescent Parenting Inventory and the Social Support Questionnaire for caregivers. Analyses of variance and covariance, Pearson's Product-Moment correlations, and hierarchical multiple regression procedures were conducted to establish direct and indirect relationships between exposure to community violence, household demographic characteristics, social support, parenting attitudes and child/adolescent behavioural adjustment. The results of this study indicate strikingly few violence-related behavioural disturbances in children and adolescents. Other variables, particularly parenting attitudes and child social support were identified as the most important determinants of child and adolescent outcomes. The findings additionally indicate that parental social support mediates the relationship between parental attitudes and internalising symptoms in participating children and adolescents. The need to develop more complex and comprehensive models of community, parental and child factors contributing to child/adolescent outcomes in high-risk South African neighbourhood contexts is discussed.

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This thesis is dedicated to South African children who have been traumatised by experiences of violence.

TABLE OF CONTENTS

List of Tables and Figures

Tables

Figures

Introduction to the study

The present study focuses on the effects of exposure to community violence on the behavioural adjustment of children and adolescents. Community violence has been selected as the central focus of this study because of the high levels of violence plaguing numerous South African neighbourhoods, and out of an interest in determining the behavioural consequences of chronic exposure to violence for children and adolescents. Other community, household and parental factors which may impact directly and/or indirectly on child behavioural adjustment have additionally been examined, including household sociodemographic characteristics, social support availability and parenting attitudes. The research documented in this study was conducted in two economically disadvantaged, high-violence communities in the Western Cape, Lavender Hill and Steenberg. The importance of identifying and accessing community and familial resources in reducing the impact of community violence, and consequently, trauma-related distress in children and adolescents has been emphasised by Kinnes (1995, p. 7), who reports that "the task of making the Cape Flats less violent is a massive one, and the police alone cannot stop the crime and killings".

The aims of this study are threefold. Firstly, it aims to describe patterns of exposure to violence in two age cohorts of children living in a economically disadvantaged, high-violence community. Secondly, it examines the effects of exposure to violence and household demographic characteristics on the behavioural adjustment of children and adolescents growing up in high-risk neighbourhoods. Thirdly, the direct and indirect relationships between social support, parenting attitudes and child and adolescent adjustment are investigated.

A review of the literature relevant to this study follows in the next two chapters. The aim of the review is firstly, to describe and integrate an ecological approach to child development with neighbourhoods and families as contexts which limit or amplify behavioural adjustment in children. Research documenting the clinical and developmental consequences of exposure to violence for children is also reviewed, and

the determinants of resilience in children discussed. Secondly, links are drawn between neighbourhood structural and compositional characteristics, and parenting and child processes. In addition, research providing evidence of the effects of social support on parental competency and child adjustment are reported. In the chapters following the literature review, the method of data collection, the outcomes of the study, and the implications of the findings are discussed.

CHAPTER 1: Sources of risk and resilience for children exposed to adverse conditions

The aim of this chapter is to examine the interactions between children and the environments in which they develop, and the effects of these interactions on child adjustment. The nature of child-environment interactions is determined by specific combinations of individual characteristics and contextual characteristics. Both may constitute risks to child adjustment, or protect children and increase the likelihood of resilient outcomes. This study conceptualises exposure to violence as posing a serious risk to child adjustment. The likelihood of psychologically destructive and/or developmentally restrictive interactions occurring between children and their environments is higher in high-risk neighbourhoods than in low-risk neighbourhoods. However, destructive patterns of interaction at one contextual level can be countered by positive patterns of interaction at another level. These positive interchanges are conceptualised as serving protective functions, and increasing the likelihood of child adjustment.

1.1 Ecological models of human development

Research examining the relationships between community variables, family variables and individual child outcomes lends itself to an ecological approach. Ecological perspectives on human development focus on the relationships between individuals and their environments, and emphasise the constant interaction between individuals and society (Garbarino & Ganzel, 2000). Bronfenbrenner's (1979/1997) ecological model frames this study, and states at its most fundamental level that development is produced by increasingly complex reciprocal interactions between the human organism and the objects, events and persons in his/her environment. Within an ecological framework, the developing child is considered an active participant in his/her development, interacting with multiple levels of the ecological system in which s/he is embedded. An interest which underlies the present study, and which is central to Bronfenbrenner's theory, is the multi-directional, reciprocal exchanges between an individual and the multiple contexts of his/her development. According to Bronfenbrenner (1979/1997, p. 4), the environment

consists of five interconnected systems, which are conceptualised as "a set of nested structures, each inside the other like a set of Russian dolls." Although the present study focuses only on microsystem, mesosystem and exosystem characteristics and processes, each of the five systems will be briefly outlined below.

A microsystem is the pattern of activities, roles and interactions experienced by an individual in his/her immediate environment, for instance, familial or school settings, which restrict or invite his/her development (Bronfenbrenner, 1979/1997). Microsystems should be psychologically validating and developmentally challenging to stimulate optimal development (Garbarino & Ganzel, 2000). Supportive microsystem environments are fostered by the availability of a network of enduring and reciprocal relationships (Garbarino & Ganzel, 2000). Conversely, high-risk microsystems are characterised by a scarcity of mutually rewarding relationships, and/or the presence of destructive patterns of interaction. The mesosystem comprises a set of linkages between two or more (microsystem) settings which contain the developing person; a mesosystem thus refers to the relationships between microsystem settings (Bronfenbrenner, 1979/1997). The developmental potential of mesosystems is measured by determining the quantity and the quality of microsystem connections (Garbarino & Ganzel, 2000). A protective mesosystem is one which is characterised by the presence of a sufficient number of strong, positive connections between microsystem settings, providing adequate support for microsystem contexts (Garbarino & Abramowitz, 1992). Conversely, high-risk mesosytems are characterised by inadequate or destructive connections between microsystem contexts. Social support networks are conceptualised as accessible at micro- and mesosystem levels.

The exosystem includes contexts which impact on the development of children, but in which children are not directly involved (Garbarino & Ganzel, 2000). Important sources of exosystem risk and opportunity occur when organisations or institutions treat children's caregivers in a way which restricts and corrupts, or alternatively, amplifies and strengthens their behaviour in children's microsystems (Garbarino & Ganzel, 2000; Garbarino & Abramowitz, 1992). As systems of institutions and organisations,

neighbourhoods are exosystems which may enhance or curtail supportive microsystem (familial) involvement with children. The macrosystem is defined as the cultural "blueprint" for any given society (Bronfenbrenner, 1979/1997, p. 4). It is the ideological and institutional systems characterising a particular culture or subculture (Garbarino & Ganzel, 2000). Finally, chronosystems are defined as constituting changes over time in the individual's life and in his/her environment (Bronfenbrenner, 1979/1997). An ecological approach has been recommended for identifying determinants of child adjustment, including transient/enduring risk and protective factors operating in multiple contexts of child development (Lorion & Saltzman, 1994).

1.2 The clinical and developmental consequences of exposure to community violence

Chronic exposure to violence has been identified as presenting an enduring risk to child adjustment (Richters, 1994). Terr's distinction (1991 as cited in Osofsky, 1997, p. 16) between "Type I trauma" and "Type II trauma" has been used to define types of exposure to community violence; the former term refers to exposure to "unanticipated single events", and the latter refers to repeated or chronic exposure to multiple traumatising events. Two broad conceptual trends or perspectives have emerged in the literature addressing exposure to violence. The first trend includes research examining the effects of acute exposure to violence on intrapsychic processes (predominantly investigations of "Type I trauma"), and is principally focussed on post-traumatic stress reactions within the individual (e.g. Terr, 1983; Pynoos & Eth, 1987). Research within the second tradition is distinguishable from the first by its multi-level approach to investigating the effects of exposure to violence (predominantly focused on "Type II trauma"); specifically, by explorations of the combined effects of community/neighbourhood, family and individual characteristics and processes on child and adolescent adjustment (e.g. Garbarino, Kostelny, Dubrow & Pardo, 1992; Barbarin & Richter, 2001b). In adherence with the second tradition of research, this study follows a multi-level, ecological approach to investigating the determinants of child and adolescent outcomes, and examines the direct and indirect effects of community variables (community violence; social support availability) and family variables (household demographic variables; specific

parenting/caregiving attitudes) on individual outcomes (child/adolescent behavioural adjustment).

South Africa has a long history of socio-politically motivated violence, which has recently been substituted by an alarming rise in criminal violence (Barbarin & Richter, 2001a). Children are exposed to violence directly (as victims of violent acts), indirectly (as witnesses), and increasingly, as perpetrators of violent acts. To date, research in South Africa has tended to focus on the links between direct exposure to violence and emotional disorder; comparatively fewer studies have focused on the equally important concern of youths' socialisation into violent lifestyles (e.g. Ensink, Robertson, Zissis & Leger, 1997; Peltzer, 1999). Internationally, relatively little theoretical or empirical research addresses the short- and long-term consequences of direct (being a victim) and indirect (witnessing) exposure to community violence. Literature specifically focussing on the developmental implications of such exposure for children growing up in high-violence communities is quite limited, and the conclusions drawn largely speculative (Martinez & Richters, 1994; Richters, 1994). In addition, relatively little is known about the factors and processes which protect children growing up in violent communities. The phenomenon of resilience and the role of protective factors in the lives of individuals exposed to adverse conditions has only recently become an area of interest for researchers of family functioning and child development (Werner, 2000).

South African youth, particularly those residing in high-violence neighbourhoods, are likely to have been exposed to high levels of community violence. Ninety-five percent of the children comprising a sample drawn from Khayelitsha in the Western Cape of South Africa had witnessed violence, and 57% were survivors of violence (Ensink, Robertson, Zissis & Leger, 1997). In addition, over 70% of a sample of primary school children living in the Lavender Hill/Steenberg area in the Western Cape reported exposure to the a range of violent events, including direct exposure to physical assault, witnessing a person being arrested and witnessing being chased by a gang/individual (Van der Merwe & Dawes, 2000). While most research on psychological development in violent communities has been conducted in American (inner-city) neighbourhood settings,

Barbarin & Richter (2001a) report comparable rates of exposure to community violence for South African and African American youth. This suggests the cross-national applicability of research findings, and underlies the present review of both South African and American research.

1.2.1 Developmental consequences of exposure to violence

The absence of effective psychological defences in young children render them more vulnerable to exposure-related clinical and developmental impairment (Jenkins & Bell, 1997). A critical consequence of exposure to community violence is its potential to challenge the successful resolution of difficulties central to each developmental period (Cicchetti & Lynch, 1994; Richters, 1994; Jenkins & Bell, 1997). Failure to accomplish these tasks results in developmental impairments, including emotional, social and/or cognitive deficits. For example, Barbarin & Richter (2001a) found that violence-related restrictions in children's development resulted in sleep, behavioural and cognitive disturbances, as well as impairments in somatic functioning and moral reasoning. Garbarino et al. (1992) reported similar findings, identifying anxious and regressive behaviours (e.g. excessive clinging behaviour and crying), impaired moral development, and cognitive deficits and distortions in children exposed to community violence. Cognitive impairments are often attributable to the intrusive memories associated with violence exposure (Garbarino et al., 1992). Children frequently become forgetful and distracted as a defence against traumatic memories and/or spontaneous reminders of traumatic experiences (Garbarino et al., 1992; Osofsky, Wewers, Hann & Fick, 1994). General forgetfulness, distractedness and agitation as avoidance strategies have been associated with concentration difficulties, poor school performance and/or learning impairments (Garbarino et al., 1992; Osofsky, 1995).

Developmental task accomplishments in children may vary according to the security of the caregiver-child attachments. Children growing up in settings which are characterised by high levels of violence are often insecurely attached to their primary caregiver; and lack the trust, autonomy and initiative necessary for successful graduation from one

developmental phase to another (Garbarino et al., 1992; Jenkins & Bell, 1997). A crucial factor contributing to poor child outcomes is parental restriction of children's activities in high-violence communities, in an attempt to protect them from immediate physical danger (Chase-Lansdale, Gordon, Brooks-Gunn & Klebanov, 1997; Barbarin & Richter, 2001b). Keeping children indoors to remove them from danger in high-risk neighbourhoods affects child development by reducing opportunities for exploration and thus, the achievement of developmental tasks. It remains unclear whether the characteristics associated with developmental impairment in children are a function of the nature and quality of parental care provision in high-violence communities, or a direct psychological effect of violence exposure.

Age and developmental level are important sources of variation in children's responses to exposure to violence (Garbarino et al., 1992; Cicchetti & Lynch, 1994; Jenkins & Bell, 1994). Preschool children's distress is most likely to manifest as passive responses and regressive symptoms, including bed-wetting, dependence, separation anxiety, and traumatic re-enactments in their play (Osofsky, 1995). In support of these claims, Barbarin & Richter (2001a) report violence-related developmental regressions in South African children of pre-school-going age. School-age children are likely to display both aggression and inhibition, and report somatic complaints, cognitive distortions and deficits, often manifesting as learning difficulties (Garbarino et al., 1992; Jenkins & Bell, 1997). Adolescents' reactions to trauma more closely resemble the responses of adults, and include aggressive acts, self-destructive behaviour such as substance abuse, and antisocial behaviour (Jenkins & Bell, 1997). Research evidence suggests that the "adult" response patterns observed in adolescents' exposed to community violence represent a premature entrance into adulthood, and premature closure on identity formation (Garbarino et al., 1992). As can be noted, with age, trauma-related responses increasingly include antisocial or aggressive behaviours, which has implications for the reproduction of violence at one or more ecological levels.

1.2.2 Internalising symptoms in children exposed to violence

Internalising symptoms, including anxious and depressive behaviours, have been identified as common responses to both "Type I" and "Type II trauma". Researchers interested in the intrapsychic consequences of exposure to violence have reported feelings of estrangement, constricted emotional and cognitive functioning, and phobias in children exposed to acutely traumatic events (Terr, 1983; Garbarino et al., 1992). Although children exposed to "Type II trauma" typically experience a range of additional symptoms which differ from those reported by acutely exposed children, current research findings suggest that these children also experience a prolonged and general sense of loss, sadness, numbing of responsiveness and a heightened state of arousal (Garbarino et al., 1992). In addition, feelings of anxiety, general helplessness and psychological "numbness" have been identified as common responses to "Type II trauma" (Garbarino et al., 1992; Lorion & Saltzman, 1994; Osofsky et al., 1994).

In support of Garbarino et al. (1992), Lorion & Saltzman (1994) argue that exposure to community violence facilitates individual response patterns such as hyper-vigilance, interpersonal withdrawal and suspiciousness. Clinical symptoms reported by Terr (1983) in her study of post-traumatic effects in child survivors of "Type I trauma" included cognitive restrictions (thought suppression, denial, repression and impaired school performance); the development of distorted memories; misperceptions (perceptual overgeneralisation); disruptions in the sense of time (distortions in memory of the duration of the traumatic event, beliefs in omens and prediction, and a sense of foreshortened future); and repetitive phenomena (nightmares, trauma-specific fears and play, behavioural re-enactments and dreams of personal death) (Terr, 1983). In children exposed to "Type II trauma", Garbarino et al. (1992) list memory impairment, impaired concentration, poor self-esteem, anxious attachment patterns, and severely constricted thoughts and activities as expected outcomes. One of the key differences between "Type I trauma" and "Type II trauma" appears to be in the duration and function/s of trauma-related symptomology in children and adolescents. Children exposed to a single violent incident often suffer short-term changes in emotional, social and/or behaviour

functioning; whereas for children exposed to community violence, post-traumatic stress responses may be cumulative and persistent, facilitating long-term and functional emotional, social and/or behavioural changes.

In their psychodynamic assessments of children who have witnessed one or more acts of personal violence, including rape, homicide and suicide, Pynoos & Eth (1987) documented four common defences. These included denial-in-fantasy (imaginary reversal of outcome), the inhibition of spontaneous thought (avoidance of traumatic reminders), fixation to the trauma (repeated, unemotional recountings of the traumatic event), and fantasies of future harm (substitution of memories of the traumatic event with new fears). Indirectly exposed children characteristically imagined themselves in one of three roles - as the victim, as the perpetrator or victimizer, or as the intervening third party, frequently developing "inner plans of action" dominated by the imaginative inclusion of effective third party intervention, which could prevent the traumatic event (Pynoos & Eth, 1987, p. 26). Alternatively, "inner plans of action" include identification with the perpetrator, which may facilitate the development of aggressive and/or antisocial behavioural patterns. Identification with the aggressor/s has been described as a symptom of pathological adaptation to cumulative violence exposure (Garbarino et al., 1992).

Direct exposure to violence, as opposed to witnessing violent events, has been associated with a higher risk of developing Post Traumatic Stress Disorder (PTSD) in South African children growing up in high risk settings (Ensink et al., 1997). The most common symptoms reported by South African children exposed to high levels of community violence included intrusive recollections of the event, intense distress at reminders of the event, avoidance of thoughts and activities associated with the violent event, irritability and concentration difficulties (Ensink et al., 1997). The results of an assessment of the clinical consequences of exposure to traumatic events, including violence, for children and adolescents residing in an economically disadvantaged rural community in the Northern Province of South Africa, indicate an association between exposure to violent incidents, post-traumatic stress symptoms, and emotional, behavioural, intellectual and/or neurological impairments in children (Peltzer, 1999). Although the manifestation of

externalising symptoms was established as the most common response to social risks in children living in an economically disadvantaged, high-violence area of Johannesburg, these children also displayed anxious and depressive behaviours in response to risk-exposure (Barbarin & Richter, 2001a).

Sources of variation in post-traumatic effects were identified in an assessment of children's responses to an acutely traumatic event ("Type I trauma") (Pynoos & Eth, 1987). Children's distress was found to vary significantly according to their proximity to the violent incident, emotional closeness to the victim, and previous exposure (Pynoos & Eth, 1987). According to Osofsky (1995), post-traumatic effects in children exposed to community violence vary according to the quality of care provided at familial level, the availability of social support structures, and the nature of the violence exposure. An association between the nature of children and adolescents' exposure to violence and gender has also been identified (Kaminer, Seedat, Lockhat & Stein, 2000). Girls have been identified as more vulnerable to PTSD than boys, possibly due to the sexual nature of their exposure to violence (Kaminer et al., 2000; Putnam & Trickett, 1994). Terr (1983) provides additional support for Osofsky's (1995) and Pynoos & Eth's (1987) findings, reporting variations in the severity of children's symptoms according to prior vulnerability, family pathology and level of support provided by the community to the family and child.

1.2.3 Externalising symptoms in children exposed to violence

Exposure to community violence is likely to impact on children's social and psychological functioning by facilitating long-term cognitive, affective and/or behavioural changes, which may be adaptive in an objectively dangerous environment, but are maladaptive in any other social context (Martinez & Richters, 1994). One of the most striking consequences of exposure to community violence recently reported in both South African and American research, is an exposure-related increase in hostile, aggressive, oppositional and other antisocial behaviour (Van der Merwe & Dawes, 2000; Garbarino et al., 1992; Osofsky et al., 1994). The negative and intrusive emotions

associated with chronic exposure to violence are likely to interfere with the traumatised child's development of a capacity for emotional regulation, including the differentiation of affective states and appropriate affective expressions (Osofsky, 1995). Disruptions in self-regulation may inhibit the development of empathy, which is frequently considered a pre-requisite for prosocial behaviour (Eisenberg & Strayer, 1987; Osofsky, 1995). Exposure to community violence has been associated with in a decrease in prosocial behaviour (Garbarino et al., 1992), and reduced impulse control and retaliatory or anticipatory aggression in children (Cicchetti & Lynch, 1994). A reduced capacity for empathising with others is often characteristic of children who later become perpetrators of violence (Barbarin & Richter, 2001a). These children frequently prevent themselves from empathising with others, and appear indifferent to suffering, which is likely to effect the value they place on human life (Richters, 1994; Barbarin & Richter, 2001b).

Osofsky et al. (1994, p. 44) report a disturbing response pattern in children exposed to high levels of community violence, including "acting tough" in an attempt to counteract their anxiety, and "acting uncaring" in response to repeated loss and persistent fear. Garbarino et al. (1992) similarly report hostile, detached, uncaring and cold behaviour as typical post-traumatic reactions in children exposed to community violence. These behaviours were termed "counterphobic" because they represent children's attempts to defend themselves and deny their vulnerability (Osofsky et al., 1994). Osofsky et al. (1994) argue that another category of pathological adaptation – desensitisation to violence, frequently accompanied by oppositional behaviour, impulsivity and compulsive risk-taking – has emerged as a common response pattern (Osofsky et al., 1994). In support of this argument, Garbarino et al. (1992) argue that the sense of futurelessness experienced by children exposed to community violence accompanies desensitisation to violence, and increasing participation in violent, dangerous activities. The development of "counterphobic" reactions to community violence and exposure-related indifference to suffering in children has a range of behavioural correlates, including diminished recognition of danger, compromised moral judgement, and inability to form relationships with others because of fear of either party failing to survive the violence into adulthood (Richters, 1994).

1.2.4 The development of aggressive and other antisocial tendencies

The link between exposure to violence (particularly "Type II trauma) and the development of antisocial tendencies, specifically aggression, appears to occur not only as a result of the association between violence exposure and externalising symptoms, but also as a result of the socialisation of aggressive behaviours in high-violence communities. Fry's (1988) study of two neighbouring Zapotec Indian communities with vastly different levels of community violence attempted to determine risk factors for the development of aggressive tendencies. Fry (1988) suggests that patterns of aggressive and prosocial behaviours are passed from one generation to the next, as children learn to engage in the kinds of behaviours that are modeled and accepted by adults in their respective communities. According to Fry (1988, p. 1120), conditions that facilitate antisocial (aggressive) behaviour in children "seem to be those in which the child has many opportunities to observe aggression, in which the child is reinforced for his or her own aggression, and in which the child is the object of aggression". Liddell, Kvalsvig, Qotyana & Shabalala's (1994) observations of the everyday patterns of play and interaction of children in two high-violence and two low-violence South African communities support Fry's (1988) findings, indicating the predictive capacity of community violence on children's levels of aggression. Furthermore, in all of the communities besides the least violent community, higher levels of contact with older, antisocial males was associated with higher levels of aggression in children (Liddell et al., 1994). This relationship was attributed to male children modeling and imitating aggressive behaviour (Liddell et al., 1994).

The findings reported thus far repeatedly indicate an association between chronic exposure to violence and the development of aggressive, oppositional and impulsive behaviour (e.g. Liddell et al., 1994; Osofsky et al., 1994; Barbarin & Richter, 2001b). South African children appear to be particularly vulnerable to the development of aggressive, oppositional tendencies in response to risk-exposure. For example, exposure to violence has been linked to attention-deficit/hyperactivity disorder (ADHD) and other

disorders involving oppositional, disruptive behaviour in children residing in an urban area of KwaZulu-Natal in South Africa (Pillay, Naidoo & Lockhat, 1999). In addition, social risks including community violence and poverty, have been linked to increased oppositional behaviour, aggression and fear in children living in the Johannesburg-Soweto area (Barbarin & Richter, 2001a). However, despite recent evidence of the association between exposure to violence and the development of aggressive, oppositional behaviours, researchers have not yet systematically examined the contributory role of violence exposure in the development of aggression and antisocial behavioural patterns. Existing developmental theories on aggression/antisocial tendencies are largely focused on deficits within the individual, and are limited to investigations of the nature and consequences of interactions occurring between the individual and his/her immediate environment, principally, the family. The current emphasis thus remains on precipitating factors occurring within the individual and the family. A brief review of existing developmental theories on aggression follows.

Patterson, Debaryshe & Ramsey (1997) argue that inadequate basic training at home, rejection by "normal" peer groups and academic failure constitute common pre-requisites for deviant peer group membership and regular engagement in antisocial behaviour. Contextual variables identified as potentially placing a child at risk primarily occur at familial level, and include a history of antisocial behaviour in other family members, household demographic variables representing disadvantaged socio-economic status and family stressors such as domestic conflict (Patterson et al., 1997). Loeber & Stouthamer-Loeber (1998) similarly identify particular individual and familial characteristics as risk factors for the development of persistent antisocial response patterns, including neurological and temperamental factors which affect the quality of care provided at familial level (Loeber & Stouthamer-Loeber, 1998). Specifically, it is proposed that neurological deficits influencing child temperament enhance the difficulty of child-rearing, and increase the likelihood of the child developing behaviour problems which persist into adulthood (Loeber & Stouthamer-Loeber, 1998). Significantly, children with cognitive and temperamental disadvantages are seldom born into supportive environments - the frequent co-occurrence of neural maldevelopment and family

the review. When these findings are examined in relation to Patterson et al.'s (1997) theory, violence exposure appears to be a likely (additional) determinant of antisocial behaviour. Thus, it is proposed that in addition to the familial precipitating factors identified by Patterson et al. (1997), violence-related scholastic failure may precede deviant peer group membership, which precipitates engagement in antisocial behaviour. Secondly, according to Heusman et al. (1984), aggressive tendencies are unlikely to diminish or change once established. Consequently, aggression, as a key characteristic of "counterphobic" reactions, may constitute a long-term, functional response pattern, which resists modification.

1.3 Resilience

Another direction in research, which is of more recent origin than literature on risk factors, focuses on identifying protective factors during childhood and adolescence, studying the origins of coping, and retained competency despite adversity (Garmezy, 1996). Rutter (1985, p. 598) has argued that risk literature overestimates the "universality and irreversibility" of trauma-related psychological damage. Although child adjustment may be detrimentally affected by the presence of particular risk factors, child outcomes may equally be mediated or moderated by interaction with protective factors, operating at one or more ecological level/s. Protective factors have been conceptualised as reducing risk and adversity by fulfilling compensatory, challenging or immunizatory functions to enhance stress-resistance and amplify emotional and behavioural adjustment (Werner, 2000). Thus, resilience is understood as the outcome or product of protective factor functioning, which allows the individual to cope effectively with adversity.

In the context of this study, retained competency despite adversity was measured by determining children's level of behavioural adjustment. Behavioural adjustment is understood to suggest the acquisition of prosocial behavioural patterns, including sociable and adaptable behaviours, which are based on a capacity for emotional and behavioural regulation. The development of prosocial behaviours is assumed to occur only in the absence of serious developmental impairments or delays and the achievement

of tasks central to each developmental period, including the accomplishment of a culturally-appropriate, age-appropriate sense of trust, autonomy and initiative (Osofsky, 1997; Werner, 2000). According to Werner (2000), studies focused on the concept "resilience" can be divided into three categories: those that focus on retained competence in children from high-risk environments (e.g. parental psychopathology; economic hardship); those that focus on the achievement of emotional and behavioural competence under conditions of chronic stress (e.g. parental divorce); and those that focus on retained competence despite the experience of traumatic events (e.g. war). In its focus on the determinants of behavioural adjustment in children and adolescents living in neighbourhood contexts characterised by high levels of violence and potential exposure to traumatic events, this study includes elements of both the first and the third categories of research.

In a recent investigation of vulnerability and resilience factors affecting the emotional impact of violence exposure on adolescents residing in the KwaZulu-Natal Midlands area of South Africa, the degree and duration of violence exposure, child developmental stage, age and gender, internal attributes, utilisation of coping strategies and social support were proposed as mediating or moderating variables (Govender & Killian, 2001). Younger children were identified as at the greatest risk for behavioural maladjustment in the absence of a supportive caregiver, while lack of support from family, peers and the community were identified as risk factors for both children and adolescents (Govender & Killian, 2001). These research findings suggest the importance of adequate support provision from multiple sources in countering the detrimental effects of exposure to violence. Barbarin & Richter (2001a) additionally argue that family composition, effectiveness of child socialisation and quality of care provision are likely to moderate the association between social risks such as violence and child maladjustment. However, research identifying protective factors or processes specific to children living in contexts characterised by high levels of community violence is limited, and consequently, the remainder of the review of resiliency literature includes existing research describing general indicators of child/adolescent competency, rather than resiliency variables specific to children/adolescents exposed to high levels of community violence.

Opportunities and risks to individual development are understood to occur at all ecological levels. Ecological risk for children and parents/caregivers is likely to increase as the number of participants, reciprocal interactions and supportive relationships at one or more ecological level/s decrease (Garbarino & Abramowitz, 1992). Thus, children are considered at risk for maladjustment when there are too few participants, insufficient reciprocal interaction between participants, and/or the presence of psychologically destructive patterns of interaction. The risk of maladaptive outcomes increases for children who have experienced multiple stresses (Werner & Smith, 1989; Sameroff & Seifer, 1992). As risk factors increase, a proportionate increase in protective factors, operating continuously on multiple ecological levels, is required to effectively counter threats to individual development (Werner & Smith, 1989; Sameroff & Seifer, 1990). No single factor is determinative of resilient outcomes; instead resiliency is the product of unique and complex reciprocal interactions between the child's ecological system and his/her individual characteristics. A central theme in literature on protective factors and resilience is the importance of combining resilient qualities at individual level and supportive features of the child's ecological environment (particularly the family) in challenging risks to optimal child development (Masten & Coatsworth, 1998).

Throughout the literature, there appears to be a great deal of agreement among authors on what constitutes general or "universal" protective factors. A common feature in literature on resilient child outcomes is the potency of combining resilient qualities at individual level and supportive features of the child's ecological environment in attaining developmental competence. Secure, stable, affectionate relationships, positive temperamental attributes, a sense of personal achievement and success are considered the foundation of resilient outcomes (Rutter, 1985). According to Garmezy (1996), stability of care (at familial level), individual problem-solving abilities, attractiveness to peers and adults, manifest competence and perceived efficacy, identification with competent role models and ambitiousness facilitate adjustment in children. Quinn (1995) identifies four attributes consistently associated with individual resilience, including high levels of individual social competency, problem-solving skills, autonomy (defined as knowledge

of identity) and a sense of purpose and future. Osofsky (1997) echoes a few of the above factors when proposing personal efficacy, good social skills, family cohesion and institutional support systems as key protective factors against the manifestation of trauma-related psychological distress. Black & Krishnukamar (1998), in their study of children in low-income, urban settings, suggest high activity levels, cognitive skills and resourcefulness in new situations as promotive in the development of resiliency. In their review of recent research on resiliency in childhood and adolescence, Masten & Coatsworth (1998) also stress the importance of an average to high IQ in facilitating competent emotional and behavioural outcomes in children and adolescents. The mediating impact of IQ was attributed to the association between intelligence and problem-solving ability, attractiveness to teachers, and/or self-regulation, all of which contribute to academic and social competence (Masten & Coatsworth, 1998).

Rutter (1985) argues in favour of a movement away from identifying "universal" protective factors towards focusing on the structure and functioning of protective processes, conceptualised as the product of continual mutual exchanges between intra-personal and environmental protective factors. The chronologically sequential and cumulative structure of protective processes is determined by interactions between protective factors, which build on each other over time, forming a "chain" of linkages – no link or protective factor is determinative in and of itself (Rutter, 1985). Protection is not conceptualised as a single supportive factor occurring once, or even occurring repeatedly over a long period of time; instead, the effective functioning of protective processes is conceptualised as dependent on the individual's ability to interact purposefully with protective factors; to utilise resources actively and creatively (Rutter, 1985). Rutter (1985) emphasises individual differences in the appraisal of stressors, in the capacity to process stressful experiences and in the attachment of meaning; all of which is influenced by the age and developmental phase of the individual. The ability to respond to stressors in an effective manner is conceptualised as a function of self-esteem, perceived self-efficacy and problem-solving ability (Rutter, 1985).

The predictors of resiliency vary according to the age, developmental stage and gender of the individual (Werner & Smith, 1989; Osofsky, 1997; Werner, 2000). In their longitudinal study of high-risk Kauai children, Werner & Smith (1989, p. 124) found that during infancy, greater age of the opposite-sex parent at the birth of the infant, the mother's perception of the infant's temperament as "good-natured" and "easy to deal with" and the satisfactory health status of the infant predicted resiliency. Irrespective of stress (including moderate to severe perinatal stress and parental psychopathology) or economic disadvantage, competence was associated with higher levels of maternal education, an "easy" temperament during infancy, sufficient attention received from a primary caregiver during the first year of life, and the development of age-appropriate perceptual-motor and cognitive skills at age 2 and 10. Werner & Smith (1989) also found that during the second year of life, the child's social orientation, autonomy and self-help skills predicted positive outcomes, whereas during later childhood, the composition and coherence of the household mediated child outcome. However, these authors reported that for adolescents, the perceived quality of relationships with caregivers and siblings, and the number of stressful life events occurring during the teenage years were associated with ability to cope. Overall, constitutional factors within the child, including temperament and health were identified as the most important protective factors during infancy; contextual or ecological factors, including household composition and coherence were most crucial during childhood; and psychological factors, including self-esteem were essential during adolescence (Werner & Smith, 1989).

Werner's (2000) later work provides support for her previous findings; she reports that during infancy, high activity levels, sociability, low emotionality, intelligence and a positive temperament contribute to resilient outcomes. In addition, she argues that competence during early childhood is retained when children are at least of average intelligence, have advanced self-help skills/support-seeking strategies, are fairly independent and have an "easy-going", engaging temperament. Additional indicators of resilient outcomes during childhood include effective impulse control, an internal locus of control, and a strong motivation to achieve. Werner (2000) argues that resilient adolescents have an ability to employ a diverse range of flexible coping strategies, have

high self-esteem and a sense of self-efficacy, which can be attributed to successfully overcoming obstacles during childhood, either on their own or with the help of others.

Gender differences in the nature and functioning of protective factors have been identified by Pianta, Egeland & Sroufe (1992) and Werner (2000), who provide evidence that boys' competence strongly relates to the characteristics of their home environment, particularly the structure and rules of the household, while girls' competence strongly relates to maternal characteristics, particularly the extent of her emotional support provision. In addition, in Werner & Smith's (1989) study, girls were generally more resilient than boys despite developmental variations in coping capacity.

Certain reported protective factors operating at individual and environmental levels are particularly important in the context of the present study, and will be summarised briefly. Cognitive competency, particularly the development of problem-solving skills, has repeatedly been associated with optimal child functioning (Rutter, 1985; Werner & Smith, 1989; Black & Krishnakumar, 1995; Quinn, 1995; Garmezy, 1996; Masten & Coatsworth, 1998; Werner, 2000). However, examining the protective capacity of cognitive skills is beyond the scope of this study. The current focus remains exclusively on the social, emotional and behavioural determinants of child and adolescent adjustment. For the purposes of the present study, effective impulse control and the acquisition of social skills are considered paramount in the development of prosocial behavioural patterns. Effective impulse control, implying a capacity for emotional and behavioural regulation has been identified as a key determinant of social and academic competency (Masten & Coatsworth, 1998; Barbarin & Richter, 2001b). In addition, social attractiveness, manifest in good social skills, has been described as a crucial protective factor for children living in high-risk settings (Garmezy, 1996; Osofsky, 1997), most notably, because it facilitates access to support structures. Resilient children have been described as distinguishable by their ability to engage other people and access social support by virtue of their good social and communication skills, and/or possessing a particular talent or skill (Werner, 2000). Support provided by caregivers, siblings, members of an extended family, neighbours, teachers, mentors and peers is important in

developing and enhancing trust, autonomy and initiative in children, and in facilitating emotional and behavioural adjustment (Garmezy, 1996; Osofsky, 1997; Werner, 2000).

Following Rutter's (1985) recommendation, protective processes will be considered cumulative in structure, and the functioning of protective processes dependent on continual exchanges between the individual and the contexts of his/her development. The cumulative nature of protective processes supports a multi-level (ecological) approach to investigating the determinants of child adjustment. It is proposed that protective processes operating at neighbourhood level (e.g. social supports) affect the nature and availability of protective processes operating at familial level (e.g. supportive caregiving attitudes and behaviours), which in turn, affect the likelihood of children achieving social, emotional and behavioural competency. Consequently, the occurrence and effective functioning of protective processes at one ecological level is partially dependent on the occurrence and availability of protective processes at another ecological level, suggesting the potential for protective linkages between ecological settings. The presence of risk and protective linkages between neighbourhood and family settings as contexts of child development, and the consequences for child adjustment, is the topic of the next chapter.

CHAPTER 2: Neighbourhood characteristics and family and child functioning

One of the aims of this study is to investigate possible direct associations between neighbourhood and household characteristics and child and adolescent outcomes. In addition, this study aims to examine the relationships between social support for children/adolescents and behavioural adjustment; and the presence of social support for caregivers and caregiving attitudes, and their combined effect on child and adolescent outcomes. The literature reviewed in this chapter primarily focuses on the indirect effects of neighbourhood characteristics on children, particularly the ways in which neighbourhood structural characteristics and social processes affect child outcomes by enhancing or reducing parents' caregiving ability. More specifically, this chapter attempts to provide evidence of a link between the availability of material and psychological resources at community level, access to sources of informal support and more effective parenting. Effective parenting is generally conceptualised as including the provision of developmentally appropriate, consistent care, cognitive stimulation, empathetic/sensitive responding, warmth and acceptance; and non-punitive/democratic control or limit-setting (e.g. Jennings, Stagg & Connors, 1991; Hashima & Amato, 1994; McLoyd, 1995; Patterson et al., 1997; Izzo, Weiss, Shanahan & Rodriguez-Brown, 2000).

Risks to development can manifest as direct threats to individual competence or as the absence of expectable resources and opportunities (Garbarino & Ganzel, 2000). Neighbourhoods affect children by facilitating or limiting access to opportunities at one or more ecological level/s, and so enhancing or restricting cognitive, social, emotional and behavioural development. Neighbourhood characteristics are likely to impact on family processes and individual development in a number of ways (Aber, Gephart, Brooks-Gunn & Connell, 1997). Specific features of neighbourhoods, including structural and compositional characteristics, resources, level of social organisation and cultural processes, particularly value consensus, have been determined as particularly significant contributors to family functioning and individual development (Aber, Gephart, Brooks-Gunn & Connell, 1997).

Neighbourhood characteristics and processes can affect children both directly and indirectly. Neighbourhoods impact on child development directly through the material and social resources they provide children, and indirectly through the material and social resources they provide caregivers (Gephart, 1997). Osofsky & Thompson (2000) provide support for this assertion, arguing that caregivers' attitudes and behaviours are influenced by the characteristics of the environment they inhabit, and by the relationships they establish in these contexts. In addition, family structure appears to be influenced by neighbourhood characteristics. There is an over-representation of single-parent families, female-headed households, substandard housing and crime in high-risk neighbourhoods (Gephart, 1997). These characteristics constitute substantial risks to emotional and behavioural adjustment in children and adolescents through their association with higher levels of crime and delinquency (Gephart, 1997). High-risk neighbourhoods present families with a disproportionate amount of stressful and frustration-producing events (McLoyd, 1995), which may compromise the quality of interpersonal relationships between household members, and increase the likelihood of domestic conflict, marital failure and single parenthood. The co-occurrence of single parenthood (usually female caregivers) and social risks, particularly poverty, is often attributable to the low wages paid to women and the low educational attainment of many single female caregivers (McLoyd, 1995). The relationship between material and social impoverishment and child neglect and maltreatment is well-established (Garbarino & Sherman, 1980; Coulton, Korbin, Su & Chow, 1995; Garbarino & Ganzel, 2000).

The detrimental effects of inadequate neighbourhood resources on household structural characteristics and parental and child functioning is evident in certain South African communities. The recent census data and crime statistics (Appendix I) reveal high levels of poverty, unemployment, substandard housing and crime in Cape Flats' communities, which have implications child and adolescent adjustment. Pinnock (1982) argues that the stresses associated with the disintegration of a working class culture in Cape Flats' communities resulted in higher divorce and desertion rates, increased illegitimacy and strained child-caregiver relationships – most frequently due to caregivers' sense of powerlessness and inadequacy in their resourceless community settings. In contrast,

American research shows the beneficial effects of middle-class neighbourhoods on youths, attributed to a higher density of employed adult role models, the presence of peers and families with high educational aspirations, the presence of numerous high-quality community organisations and institutions, the monitoring and supervision of youth activities, and the availability of recreational facilities (Gephart, 1997).

2.1 Social disorganisation, neighbourhood social processes and community violence

Neighbourhood structural characteristics are believed to influence the density and quality of social networks and the content of interpersonal relationships (Sampson & Groves, 1989). Social disorganisation theory, originally proposed by Shaw & McKay (1969 as cited in Sampson & Morenoff, 1997), conceptualises community contexts as systems comprising a complex arrangement of informal and formal social networks which impact on interpersonal processes and individual development (Sampson & Morenoff, 1997). Furthermore, social disorganisation theory predicts that low economic status, ethnic heterogeneity, residential mobility and family disruption will be associated with sparse social networks, characterised by infrequent/unsatisfactory contact between participants, and high levels of crime and delinquency in neighbourhoods. Supporting evidence is provided by Sampson & Groves (1989), who found that specific neighbourhood structural characteristics, including low socio-economic status, ethnic heterogeneity, residential mobility, family disruption and urbanisation mediated variations in community social organisation. In addition, neighbourhoods characterised by sparse friendship networks, numerous unsupervised adolescent peer groups and low organisational participation by community members had high levels of violent crime and delinquency (Sampson & Groves, 1989). Additional indicators of neighbourhood structural impoverishment and neighbourhood social disorganisation more recently reported, and characterising many economically disadvantaged South African communities, include high housing density, poor housing conditions, trash accumulation, prostitution, public drinking and drug abuse, public fighting, murders, burglary, gang activity and loitering (Brooks-Gunn, Duncan & Aber, 1997).

Neighbourhoods low on social organisation, with high levels of crime and delinquency have been associated with the production of high-risk families, characterised by social isolation, and a lack in psychological resources (Garbarino & Sherman, 1980; Sampson & Groves, 1989). Overall, research on neighbourhoods as contexts for child development suggest that violent, economically disadvantaged neighbourhoods are likely to generate under-resourced, unsupportive family microsystems which produce individuals who struggle to participate in mutually supportive interpersonal relationships. Families reported to be at the greatest risk for poor child outcomes are those that live in socially impoverished neighbourhoods, characterised by few people who are "free from drain" (individuals not in need of material or psychological support/assistance), a lack of informal helping relationships between residents, attributed to mutual fears of exploitation, and the presence of many needy families (Garbarino & Ganzel, 2000, p. 89).

The level of neighbourhood social organisation mirrors the nature and quality of social relationships in the community and the composition and consensus of values among community members (Brooks-Gunn, Duncan, Leventhal & Aber, 1997; Furstenberg & Hughes, 1997). The structural features of economically isolated, disadvantaged and socially disorganised urban neighbourhoods impede the establishment of common values among community members, and restricts commitment to mainstream, conventional norms and social networks, which contributes to cultural diversity (Furstenberg & Hughes, 1997; Sampson & Morenoff, 1997). Cultural diversity and lack of value consensus divides community members and undermines the social cohesiveness of neighbourhoods. Social disorganisation facilitates the emergence of multiple and diverse subcultural systems, and a tolerance of deviancy, which results in an increase in crime and violence (Sampson & Morenoff, 1997). Social disorganisation in Cape Flats' neighbourhoods, as reflected in community members' reported inability to control youths' activities, has been associated with higher levels of violent crime and increased fear for safety among residents (Pinnock, 1982; Kinnes, 1995). Kinnes (1995) claims that lack of value consensus divides residents in these communities, where some inhabitants view criminal and violent activities as the only means of survival amidst stark poverty and restricted employment and economic opportunities; while other community members

actively fight against crime and violence in an attempt to ensure the safety of their neighbourhoods.

Community variations in social disorganisation have been attributed to differential levels of informal social control (Furstenberg & Hughes, 1997; Sampson & Morenoff, 1997). Adult residents' inability to control the behaviour of neighbourhood children has been associated with living in neighbourhoods with high rates of child maltreatment (Korbin & Coulton, 1997). Monitoring and supervision of youth activities, strong social networks including mesosystem links between parents and their children's friends and parents; and effective, consistent discipline of children appears to develop in neighbourhoods characterised by high levels of informal social control, social organisation and social cohesion (Sampson & Morenoff, 1997). Social cohesion and community satisfaction has been attributed to residential stability, which increases the likelihood of individuals' developing strong friendship and acquaintanceship networks, and decreases anonymity (Sampson, 1991).

Low social cohesion and community satisfaction are the likely outcomes of limited neighbourhood resources and family disruption in Cape Flats' communities in the Western Cape - conditions which are attributable to the forced relocation of families under the Apartheid Group Areas Act (Pinnock, 1982; Kinnes, 1995). Kinnes (1995) attributes the rise in violent crime, particularly gangsterism, which constitutes a substantial risk to family and individual functioning, to the forced relocation of families during Apartheid. According to Pinnock (1982, p. 56), the most fundamentally damaging aspect of the Group Areas Act was the isolated removal of individuals and families, rather than the relocation of whole neighbourhoods characterised by existing "networks of knowledge, experiences...the very supports of their culture." The relocation of thousands of individuals to the Cape Flats, which was lacking in both infrastructure and facilities, was accompanied by the breakdown of core community institutions and support networks, most significantly, nuclear and extended families, and the dissolution of social control over the community's youth (Pinnock, 1982; Kinnes, 1995). Community

members' inability to control the behaviour of neighbourhood youths increases the likelihood of delinquency and crime, and thus, the occurrence of violent events.

2.2 Social capital and social networks

Social capital has been identified as an important resource for caregivers raising children in high-risk neighbourhoods and is defined as "...exist(ing) in relations among persons in communities...social capital includes interpersonal ties and reciprocity, norms and sanctions, information, stability, opportunity and quality of life." (Brooks-Gunn, Duncan, Leventhal & Aber, 1997, p. 282). Three forms of social capital have been identified: norms, reciprocal responsibilities and obligations, and opportunities for exchanging information (Furstenberg & Hughes, 1997). Like social disorganisation, social capital is reflected in the quality of social relationships among community members, which in turn have consequences for child development. In addition, social capital implies that social relationships function as resources which individuals use to achieve goals and attain or maintain competence (Furstenberg & Hughes, 1997). The level of social capital available to community members is determined by the composition of social networks, the density of social networks and the quality of interpersonal relationships within social networks (Korbin & Coulton, 1997). High levels of social capital suggest the availability of high levels of social support for network members, and the development of socially cohesive neighbourhoods which promote emotional and behavioural adjustment in children and adolescents.

Social networks can be defined as "those people outside the household who engage in activities and exchanges of an affective and/or material nature with members of the immediate family" (Cochran & Niego, 1995, p. 396). Social networks have been identified as important resources in the lives of caregivers, and include supportive and non-supportive features, such as network members' provision of assistance, serving as role models, or as sources of conflict and/or information/interaction overload (Cochran & Niego, 1995; Osofsky & Thompson, 2000). Particular aspects of social networks, including the size of social networks, the type of social support provided, the source of

Social support may have beneficial effects on individual well-being in two relatively distinct ways (Cohen & Syme, 1985; Cohen & Wills, 1985; Hobfoll, 1985; Sandler et al., 1991). The "buffering" model proposes that social support "buffers" or protects the individual from the potentially detrimental effects of stressful events/exposure to risk factors; whereas the alternative (main effect) model states that social resources have a direct beneficial effect irrespective of stress/risk exposure (Cohen & Wills, 1985; Gore, 1985). Research evidence provides support for both models, suggesting that social support can serve both as a "buffer", reducing the negative effects of stressors on individuals, and enhance health independent of stress/risk exposure (Cohen & Wills, 1985; Hobfoll, 1985). Unlike the main effect model, the stress-buffering model is interactive. Here, social support is conceptualised as benefiting the individual through its capacity to reduce the negative effects of stress/risk exposure (Gore, 1985). Social support may act as a "buffer" by preventing the occurrence of the stressful event/risk factor, reducing the negative effects of stress/risk exposure, or by counteracting psychological maladjustment through strengthening factors which contribute to psychological adjustment (Sandler et al., 1991). The present study draws on the buffering hypothesis, and in particular, focuses on possible interactions between social support availability for parents and caregiving in high-risk neighbourhoods, and the consequences for child/adolescent behavioural adjustment. The availability of high-quality informal support networks for caregivers, child-adult involvement, and supervision and monitoring of children have been identified as important moderators of neighbourhood characteristics on children (Gephart, 1997).

2.4 Relationships between social support dimensions, caregiving and child outcomes

Different social support functions contribute to enhanced well-being and/or buffering effects in different ways (Cohen & Wills, 1985; Kessler & McLeod, 1985; Wills, 1985). Crnic, Greenberg & Slough (1986) stress the importance of differentiating among types or dimensions of social support, and additionally argue that social support only has stress buffering effects on parenting and child outcomes under certain conditions. For example,

Cohen & Wills (1985) found that esteem support and motivational support produced buffering (moderating) effects by limiting the negative effects of stressful events on individuals' self-esteem, whereas social companionship and social status produced main (health enhancing) effects by providing contact with other social network members. The differential contributory roles played by different dimensions of social support in determining parental and child outcomes are well documented. Functional support has repeatedly been related to child-rearing through its positive effect on parental self-esteem and self-efficacy (e.g. McPhee, Fritz & Miller-Heyl, 1996; Izzo et al., 2000). This finding is important because positive parental self-appraisals have been linked to effective child-rearing (Izzo et al., 2000). Additional evidence for differentiating between the dimensions of social support is provided by Flowers, Schneider & Ludtke (1996), who found an inverse relationship between the provision of emotional support and measures of parental depression, but no significant relationship between the provision of instrumental support and parental depression (or any other measures of adjustment, including anxiety or adjustment to parenthood) in a sample of married, divorced and single mothers. According to Richey et al. (1996), specific functional support variables (including attitudes toward utilising support resources, perceptions of support availability, and satisfaction with support received) were associated with particular indicators of parental well-being, including self-esteem, attitudes towards children and perceptions of the quality of family life. It is suggested that the effect/s produced by different components of social support may be determined by unique combinations of individual characteristics, individual needs and the availability of interpersonal resources. Buffering effects may only occur when the specific support functions perceived to be available are responsive to the needs elicited by particular stressful event/s (Cohen & Wills, 1985).

Actual and subjectively perceived characteristics of social networks impact on parental as well as child outcomes. Thus, Boyce, Kay & Uitti (1988) report that adolescent mothers with the best outcomes (defined as adjustment to parenthood) perceived their social networks as extensive and differentiated, and their individual support providers as able to fulfill a diverse range of supportive functions. The adolescents in this study categorised support providers according to the stability and continuity of individual relationships and

support provision (Boyce et al., 1988). Although less frequently, research has shown that structural or quantitative characteristics of social support also impact on parenting and child outcomes. In their study of low-income African-American mothers' social support networks, Burchinal, Follmer & Bryant (1996) found that mothers with larger support networks received more caregiving assistance, engaged in more interactions per day, had denser/more interconnected networks, and engaged in more supportive parenting than women who had smaller support networks. These findings are supported by Jennings et al. (1991), who reported a positive relationship between large and cohesive maternal social networks and the provision of more praise, and less intrusive, controlling parenting. However, the beneficial effects of large social networks on parenting ability may be outweighed by other network characteristics. Nitz, Ketterlinus & Brandt (1995) found that mothers who had large, but conflicted social networks, displayed less positive parenting behaviours, suggesting that levels of network conflict, as opposed to network size, determine parenting behaviours.

The beneficial effects of perceived support availability are dependent on an individual's ability to utilise potential support (Cochran, 1993; Cochran & Niego, 1995). Cochran & Niego (1995) identify nine factors contributing to parental motivation to develop and maintain supportive networks, including personality characteristics, capacity, time and energy resources, stage of development, life events, self-esteem, personal and group identity, educational experience, and social and cognitive skills. Caregivers living in high-risk neighbourhoods may lack the resources identified as facilitating the creation and maintenance of social networks. Cochran (1993) asserts that culture, structural position in society (including class, race and family structure) and personal initiatives of parents contribute to the structure and content of their social networks. In addition, the broader social and economic structures within which parenting is embedded play a significant role in determining the characteristics of parental social networks (Cochran & Niego, 1995). These authors suggest that poverty, unemployment and low levels of education restrict the networks of caregivers, which has implications for family functioning, particularly the quality of caregiver-child relationships in high-risk settings.

Some evidence suggests that family structure has an impact on the perceived availability and receipt of social support (Flowers et al., 1996). In their examination of differences in social support and adjustment in married, divorced and single mothers, these authors report an association between larger social support networks, more perceived support (emotional and instrumental), and lower levels of depression and anxiety in married women. Olson & Ceballo (1996) found that caregivers who engaged in the most problematic parent-child interactions, reported low-quality support provision, and felt unable to cope effectively tended to be young, unemployed, unmarried and have large families. In their study of the relationships between stress, social supports and mother-child interactions, Weinraub & Wolf (1987) found that single mothers were more likely to be exposed to stressful life events than two-parent families, and were less likely to experience satisfactory emotional and parenting supports. For both single and two-parent families, social support was related to optimal parenting; however, whereas for single mothers stress and parenting supports were unrelated; for married mothers, social support had a buffering effect, reducing the effects of stress on maternal behaviour and child outcomes (Weinraub & Wolf, 1987). The buffering effect of social support on problematic parenting for married mothers and not single mothers may be traced to the source of support. Intimate (spousal) support has been identified as a particularly beneficial dimension of functional support (Crnic et al., 1991).

Perceptions of social support availability and satisfaction with support received relates to parental well-being (Richey et al., 1996). Perceived availability and satisfaction with support has been identified as more beneficial than the actual amount or availability of support (Cohen & Wills, 1985; Crnic & Greenberg, 1987). The perception that social support is available in emergencies, assistance with parenting, and high levels of satisfaction with child care have been associated with enhanced parental coping and confidence in child-rearing (Olson & Ceballo, 1996). Speculatively, the perception that support is available during crises is especially important in under-resourced households, where caregivers may be particularly vulnerable to ineffective parenting in the absence of external assistance. Crnic & Greenberg (1987) found that mothers' perceived satisfaction with intimate, friendship and community support was positively associated with reported

life satisfaction, satisfaction with parenting and optimal behavioural interactions with their children. In addition, Olson & Ceballo (1996) found that mothers who were the least optimal in parent-child interactions, and least able to cope effectively reported the least satisfaction with the quality of available support. Crnic, Greenberg & Slough (1986) also provide evidence of the relationship between satisfaction with social support, parenting and child outcomes: mothers' satisfaction with overall support had a buffering effect on infant temperament and mothers' satisfaction with parenting; satisfaction with community supports was related to positive mother-infant interactive behaviour; and satisfaction with friendship support was related to infants' cognitive competence. Furthermore, the infants of mothers who reported being satisfied with their receipt of social support tended to be more compliant (Crnic et al., 1986). The receipt of high levels of satisfactory support has also been associated with increased satisfaction with the maternal role, and with higher levels of maternal responsiveness and warmth, and with less maternal rejection (McLoyd, 1995). These findings point to the importance of parental access to high-quality, satisfactory informal support in facilitating positive caregiver-child relationships.

Parental social support has the capacity to influence child adjustment both directly and indirectly. Direct influences occur as a result of the degree of overlap between parents' and their children's social networks (Cochran & Niego, 1995). Overlap of social networks occurs when caregivers and their children receive social support from the same network members. Direct contact with parental network members can provide children with psychological (emotional, social and cognitive) as well as material resources (Cochran & Niego, 1995). Social support impacts indirectly on children through its effect on parenting (Cochran & Niego, 1995; Osofsky & Thompson, 2000). According to Cochran & Niego (1995) social support affects parenting by reducing the number of stressful events/exposure to risk factors, by serving as a buffer against the consequences of stressful events/risk exposure, by the provision of emotional (self-esteem enhancing) support, and/or by assisting in the development of active coping strategies. Burchinal et al. (1996) argue that children's cognitive and social development can be affected indirectly in two distinct ways: support providers can assist parents in engaging in

developmentally appropriate parenting; and/or social support can buffer the effects of stress on the parent, so reducing the detrimental consequences of stress on parenting behaviour. Osofsky & Thompson (2000) similarly suggest that social support benefits caregiving when it includes information about developmentally appropriate methods of parenting; or has a buffering effect on the relationship between stressful life events and maladaptive parenting; but additionally stress the importance of access to child care assistance and/or financial assistance. Instrumental support has been found to reduce punitive and unsupportive parental behaviour in low and high income parents (Hashima & Amato, 1994). In addition, Hashima & Amato's (1994) findings stress the importance of perceived social support in enhancing supportive parenting in low income parents. These authors attributed the positive effect of perceived social support to reductions in parents' feelings of isolation and hopelessness, particularly during times of crisis.

Social support has been found to effect a general improvement in caregivers' dispositions and to reduce insensitivity and coercive discipline (McLoyd, 1995). The receipt of high levels of social support has been associated with a decreased likelihood of caregivers' nagging, scolding, ridiculing and threatening their children; and with an increase in caregiver warmth, nurturance and sensitivity (McLoyd, 1995). As previously noted, parental warmth, empathy, nurturance and sensitivity have been identified as essential aspects of effective, supportive parenting.

2.5 Parenting in high-risk neighbourhoods and child/adolescent outcomes

The trend emerging from the findings reported above supports Garbarino's (1999) assertion that retained competency at individual parental level, and the maintenance of supportive family settings depends on the availability of social support for caregivers, accessible at one/more ecological levels, particularly when the family faces multiple stressors. Research findings have repeatedly indicated that caregivers who have multiple enduring and positive relationships with supportive members of an extensive social network are more likely to engage in adaptive parenting than those caregivers who lack

such relationships (e.g. Hashima & Amato, 1994; McLoyd, 1995; Osofsky & Thompson, 2000).

Parents living in economically disadvantaged, socially disorganised, socially impoverished and violent neighbourhoods may lack the resources necessary to provide adequately for the physical and psychological needs of their children (Lorion & Saltzman, 1994; Osofsky, 1997). Garbarino et al. (1992) suggest that parents who live in economically disadvantaged and violence-ridden communities often isolate themselves and their children by fearing leaving their homes to seek support networks, thus further compromising their capacity to nurture and care for their children. In high-risk neighbourhoods, restrictive parental behaviour, including keeping young children indoors to ensure their physical protection, reduces children's exposure to danger, but means fewer opportunities for exploration and developmental task accomplishment (Garbarino et al., 1992; Chase-Lansdale et al., 1997). Caregivers' frequent inability to provide their children with adequate protection in dangerous neighbourhoods may be accompanied by children questioning caregivers' efficacy and authority (Osofsky, 1995). The disempowerment of caregivers, who often feel depressed, frustrated and overwhelmed in their threatening environments, is in turn, frequently associated with the use of harsher and more punitive disciplinary measures (Garbarino et al., 1992; Osofsky, 1995). The detrimental effects of punitive disciplinary practices on child adjustment have previously been indicated (e.g. Patterson et al., 1997; Barbarin & Richter, 2001b). According to Garbarino et al. (1992), caregivers often express awareness of the limited, or short-term effectiveness of restrictive and punitive child-rearing strategies, but lack the physical and psychological energy to engage in alternative methods of parenting. However, not all parents living in high-risk neighbourhoods engage in unsupporting parenting behaviours. Parenting ability is expected to vary according to caregivers' stress-exposure, internal resources and the availability of social support. Jarrett (1997) reports variability in families' responses to high-risk neighbourhoods, suggesting that some parents successfully protect their children from physical danger without restricting their access to developmental opportunities. Jarrett (1997) identifies four creative responses used by families living in high-risk communities, including context-specific neighbourhood

protection strategies, child-monitoring strategies, resource-seeking strategies and in-home learning strategies.

The co-occurrence of community violence and poverty, and the detrimental effects of these social conditions on parenting and child development are well documented (e.g. Garbarino, 1992; Garret, Ng'andu & Ferron, 1994; Pollitt, 1994). High levels of parental distress have been found to predict negative attitudes towards parenting, experiencing difficulty parenting, less satisfaction with child-rearing, increased punitiveness and inconsistent discipline; less affection, nurturance, responsiveness, negotiation and reasoning; increased insensitivity to children's needs, and increased criticism, threats and derogatory statements (McLoyd, 1995). Harsh parental discipline, hostility, low levels of maternal supervision and weak parent-child attachments mediate the effects of poverty on delinquent outcomes in children (Huston, McLoyd & Coll, 1994). Patterson et al. (1997) assert that an authoritarian parenting attitude, manifesting in harsh/inconsistent discipline, little positive parental involvement with the child, and poor monitoring and supervision of the child facilitate and reinforce coercive child behaviours, which eventually become functional and resistant to change. In addition, both punitive and permissive parenting have been found to impact negatively on cognitive competence and scholastic achievement in children (Dornbusch, Ritter, Leiderman, Roberts & Fraleigh, 1987).

Differences in the parenting of economically disadvantaged parents as compared to more affluent parents is at least partly the result of differences in exposure to stressful events, the paucity of social support, and the extent of resultant psychological distress (McLoyd, 1995). An increase in punitive, harsh and/or inconsistent discipline, parental hostility and caregiver-child conflict as a result of increased psychological distress, is one of the ways in which poverty affects the social and emotional development of children. In addition, economically disadvantaged caregivers have been found to value obedience more than their more affluent counterparts, and are more likely to make demands without explanations, less likely to consult the child about his/her wishes and reward him/her for good behaviour (McLoyd, 1995). Furthermore, stressors associated with poverty are contagious; lack of financial resources compound current negative events and precipitate

additional crises. Caregivers' experience of financial pressure has been associated with increased caregiver irritability, depressed mood, marital conflict, caregiver-child conflict and caregiver hostility towards his/her child (Conger, Ge, Elder, Lorenz & Simons, 1994). Patterson (1983) argues that stressed primary caregivers, who feel unable to control or cope with their environment, are more likely to facilitate and engage in aggressive or aversive interactions with their children than non-stressed primary caregivers. Moreover, he argues that the likelihood of a child engaging in coercive and aggressive behaviours increases proportionately with stress-related caregiver irritability.

The literature that has been reported in this chapter has stressed the relationships between neighbourhood resource availability, level of social organisation, provision of social support, parental caregiving ability and child outcomes. In the chapters that follow, the direct and indirect links between community violence, neighbourhood and household characteristics, social support availability for caregivers, parenting attitudes and child/adolescent outcomes are examined. In accordance with existing research findings it is proposed that low levels of social support for caregivers will be associated with unsupportive parenting attitudes and child/adolescent maladjustment. Conversely, high levels of social support for caregivers is expected to accompany supportive parenting attitudes and behaviours and child/adolescent adjustment.

CHAPTER 3: Rationale and Method

3.1 Rationale

The present study was motivated by a lack of South African research addressing firstly, the effects of community violence on the behavioural adjustment of a sample of South African youths; secondly, age- and gender-related differences in the consequences of exposure to community violence; and thirdly, the possible direct and indirect effects of social support on child/adolescent behavioural outcomes in high-risk communities. In addition, few studies have examined the possible interactions between the availability of social support for parents and parenting attitudes in determining child/adolescent adjustment. This study is unique in conceptualising social support as a possible protective factor promoting resilient child/adolescent outcomes in a high-violence South African neighbourhood context.

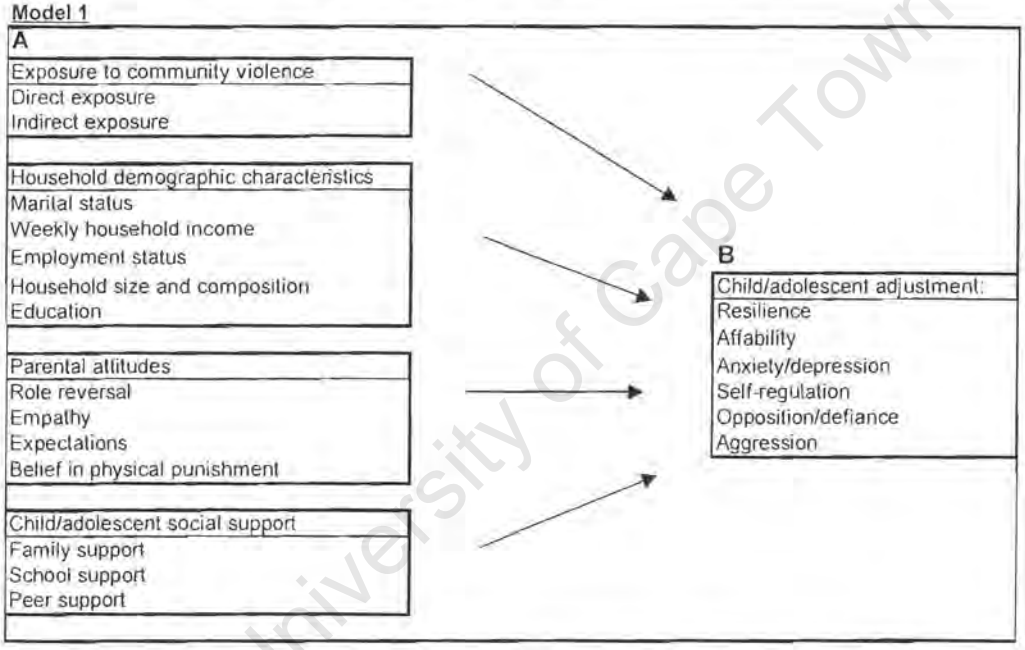
Existing research findings guided the selection of variables for investigation. Previous research indicates a relationship between exposure to community violence and internalising and externalising symptoms in children and adolescents (e.g. Garbarino et al., 1992; Osofsky et al., 1994; Barbarin & Richter, 2001b), and between household demographic characteristics and child outcomes (Garbarino, 1992; McLoyd, 1995). Social support has been identified as having both main and "buffering" effects on individuals (Cohen & Wills, 1985). Consequently, the protective potential of social support in determining child/adolescent adjustment was explored. The inclusion of a measure of child/adolescent self-concept was motivated by evidence of an association between positive self-concept and child and adolescent competence (Sandler et al., 1991). In addition, research findings suggest that exposure to community violence impacts negatively on self-concept (Garbarino et al., 1992). A vast literature suggests the importance of developmentally appropriate, supportive, non-punitive and empathetic caregiving in amplifying positive child outcomes (e.g. Hashima & Amato, 1994; Garbarino, 1999; Osofsky, 1995; Patterson et al., 1997). The selection of parenting

variables was thus motivated by an interest in the contribution of parenting attitudes to child and adolescent behavioural adjustment in high-risk settings.

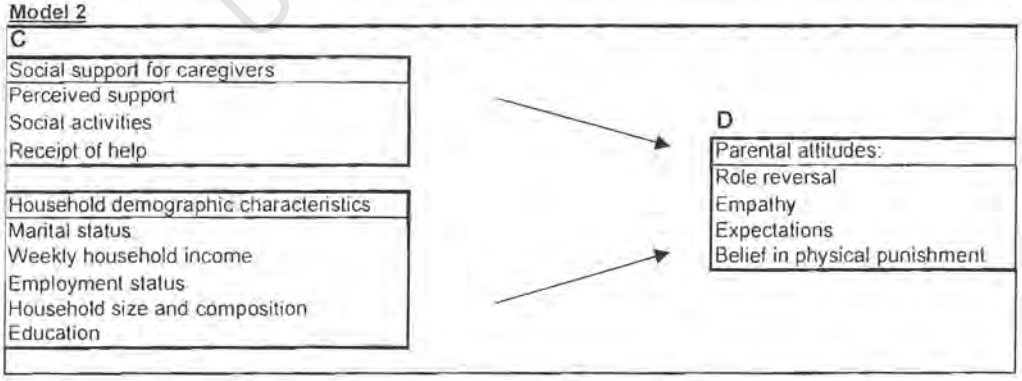
3.2 Design

The present research was designed to investigate the relationships between community violence, household structural and demographic characteristics, social support, parenting/caregiving variables, and specific behavioural outcomes in children at two different developmental periods, middle childhood and adolescence. Please refer to Model 1 and 2 for diagrammatic representations of the relationships expected to emerge between the variables included in this study.

Model 1



Model 2



The broad investigation included the following specific investigations:

- The relationship between exposure to violence and child/adolescent behavioural adjustment.
- The relationship between household structural and demographic characteristics and child/adolescent outcomes.
- The relationship between social support for children and adolescents and child/adolescent behavioural adjustment.
- The relationship between the availability of social support for caregivers and parenting attitudes in high-risk communities.
- The relationship between household structural and demographic characteristics and parenting attitudes.
- Age differences and differences between males and females in the factors that influence behavioural adjustment in high-risk neighbourhoods.

3.2.1 Relationships within age cohorts

Pre-adolescent group:

- The relationship between exposure to community violence and child behavioural adjustment.
- The relationship between parenting attitudes and child behavioural adjustment.
- The relationship between household structural and demographic characteristics and child behavioural adjustment.
- The relationship between social support for children and behavioural adjustment.

Adolescent group:

- The relationship between exposure to community violence and adolescent behavioural adjustment.
- The relationship between parenting attitudes and adolescent behavioural adjustment.
- The relationship between household structural and demographic characteristics and adolescent behavioural adjustment.
- The relationship between social support for adolescents and behavioural adjustment.

3.2.2 Gender comparisons and comparisons between age cohorts:

- Gender differences and differences between younger and older children in the factors that influence behavioural adjustment in high-risk neighbourhoods were investigated, including:

    - Comparisons of levels and types of exposure to community violence.
    - Comparisons of the relationships between parenting attitudes and behavioural adjustment.
    - Comparisons of the relationships between social support for children/adolescents and behavioural adjustment.
    - Comparisons of the relationships between household structural and demographic characteristics and child/adolescent behavioural adjustment.

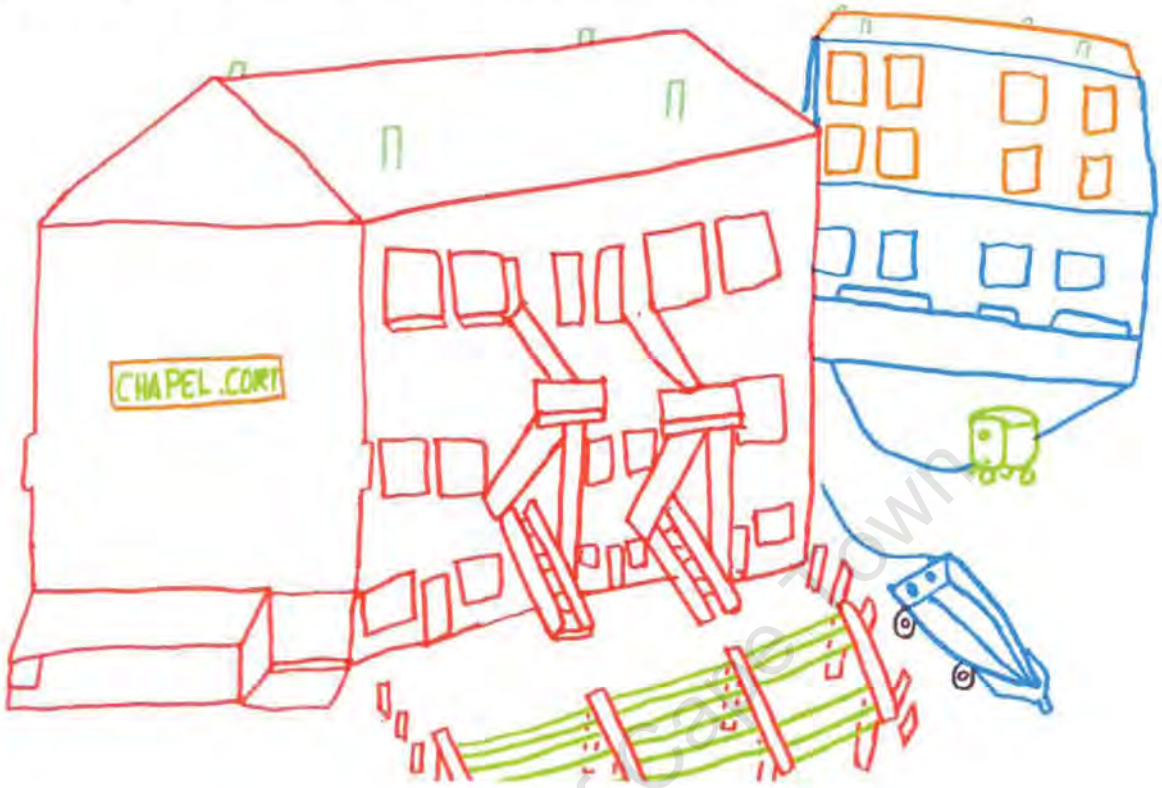
The broad aim of this study is to create a complex model of factors directly and indirectly affecting child/adolescent adjustment in a high-risk neighbourhood. The number of variables included for investigation, and the theoretical associations between them, suggests the presence of a number of relationships and interactions in addition to those described above. Specifically, the relationships comprising Model 1 are unlikely to be distinct from those included in Model 2. For example, the variables included in block D may not only relate directly to the variables in block B, but also mediate or moderate the relationships between variables included in block A and those included in block B. In addition, the mediating or moderating capacity of the variables in block D may depend on their relationships to the variables included in block C. Thus, the descriptions of possible relationships and interactions between the factors outlined at the beginning of this chapter may constitute a simplification of the actual number and complexity of the inter-relationships between variables. Both direct and indirect (mediating/moderating) relationships are expected to emerge from the data, and are important to investigate in order to develop comprehensive and complex models of factors determining child/adolescent outcomes.

The broad aim of this study, the number of variables included, and the expected number and complexity of relationships emerging between variables suggests the use of analytic procedures that create causal or path models. The choice of analytic procedures, as well as the constraints on the choice of statistical procedures for analysing the data, are discussed in chapter 4.

3.3 Method

The research was conducted in field settings - schools in the case of children, and homes in the case of caregivers. Data was gathered from children attending three schools in the Lavender Hill – Steenberg area, including one primary school, one intermediate, and one high school. The child and caregiver samples were convenience samples, and participation depended on the agreement of schools and caregivers/parents. As previously noted, both Lavender Hill and Steenberg are economically disadvantaged neighbourhoods in Cape Town known for high levels of community violence (South African Police Services Crime Statistics, 1999). These neighbourhoods are characterised by a high density of inhabitants, and high-rise, low-cost housing developments. The Lavender Hill-Steenberg area is presented from a local child's perspective in Figure 1.

Figure 1 *The Lavender Hill-Steenberg area from a child's perspective*



3.3.1 Child Sample

The child sample (N = 305) included 152 boys and 153 girls. The inclusion criteria for children were firstly, that s/he falls within the specified age group, and secondly, that s/he resides in the Lavender Hill - Steenberg area.

3.3.2 Caregiver Sample

The caregiver sample consisted of the self-reported primary caregivers of participating children (N = 213). 152 caregivers identified themselves as female, while 36 identified themselves as male. The only criterion for inclusion in the caregiver sample was that the respondent was the primary caregiver of a participating child.

3.3.3 Paired Sample

All children and their caregivers were included in the preliminary and descriptive analyses. However, for subsequent statistical analyses the child and caregiver samples were merged and reduced to include only caregiver-child pairs. The paired sample included children and caregivers who were willing to participate, and had adequately completed all the questionnaires administered to them. Caregivers who refused to participate or did not complete the questionnaires satisfactorily were excluded from the analyses, as were the children of excluded caregivers. The merging of the parental and child samples resulted in an inevitable reduction in the sample size (participating children: N = 184; their primary caregivers: N = 184). The sample was stratified according to child age, and included a pre-adolescent-caregiver paired group and an adolescent-caregiver paired group. The age stratification of the sample is based on evidence of age-related differences in children's responses to traumatic events (e.g. Osofsky, 1997). The sample characteristics are presented in Table 1.

Table 1

Sample Characteristics

Preadolescents	***Adolescents***
N = 119	N = 65
Age	*Age*
M = 11.47 SD = 0.97	M = 14.40 years SD = 0.81
Gender:	*Gender*
Male: N = 54 Female: N = 65	Male: N = 37 Female: N = 28
Caregivers	***Caregivers***
N = 119	N = 65
Age	Age
M = 27.62 SD = 9.43	M = 29.74 SD = 8.34

3.4 Setting and Procedure

Access to the primary and intermediate schools was obtained with the assistance of staff members from a Non-Governmental Organisation situated in Lavender Hill, the Community Psychological Empowerment Services (COPES). COPES is a violence prevention program which operates in primary schools in the Lavender Hill – Steenberg area and targets primary school children, their teachers and parents/caregivers. COPES facilitated the initial contact with the primary and intermediate schools by informing the headteachers of the research I was undertaking, and arranging meetings to discuss the schools' possible participation. Both headteachers agreed to their pupils' participation once they had been informed of the aims of the research. The high school was the only school in this sample not participating in the COPES program. Contact with the headteacher was initiated independently, without the assistance of COPES, and permission was granted to conduct the research.

Permission to conduct the research at the primary and intermediate schools was obtained from the headteachers early in October 2000. Data was collected from grade 4 and 5 children during the last week of October 2000; and from grade 8 children during the first week of December 2000. Permission to conduct research at the high school was granted by the headteacher in mid-February 2001, and data was collected during the last week of February 2001. Questionnaires were administered class by class over two consecutive days at the primary and high schools, and in a single session at the intermediate school. All data collection took place during school hours at times specified as convenient by the staff. The language preference of each class determined whether questionnaires would be administered in English or Afrikaans. The nature and aims of the research were described to each class, as was the content and completion requirements of the questionnaires. Following an illustration of how to complete an example item on the blackboard, all questions were read out aloud, and children given time after the reading of each item to respond in the spaces provided on their questionnaires. Children were requested to wait until the reading of an item before responding, and encouraged to ask questions when an item or aspect of the questionnaires was not understood. This procedure increased the

likelihood that children would understand, keep up with, and answer all questions. The duration of questionnaire completion was between 1 hour and 2 and-a-half hours per class, depending on the participating children's levels of academic competence.

Access to caregivers was obtained with the assistance of the staff at the relevant schools. Home address lists of children attending the participating schools were compiled by class teachers. A local NGO (New World Foundation) was then approached for assistance in locating research assistants who would be familiar with the Lavender Hill - Steenberg area, and who would be able to deliver and collect questionnaires from caregivers' homes. Five research assistants were trained to describe the nature of the research, explain how to complete the questionnaires, answer possible questions, and assure participating caregivers of the confidentiality of their responses. Each assistant was requested to ensure that respondents were the primary caregivers of children in the relevant age groups, attending one of the aforementioned schools. The expected duration of caregiver questionnaire completion was between 30 and 60 minutes, and assistants were requested to collect the completed questionnaire at a time specified as convenient for the caregivers. The questionnaires were administered in either English or Afrikaans, according to the language preference of the respondent. As an incentive to complete the questionnaires, caregivers were paid R20 by the research assistants on questionnaire completion.

3.5 Instruments

Please refer to Appendix II for a summary of measures, and Appendices III & IV for copies of the questionnaires administered to children and their caregivers.

All child and caregiver measures were translated into Afrikaans to accommodate first-language Afrikaans speakers and checked for accuracy by a qualified translator.

3.5.1 Child measures

Exposure to violence: A shortened version of the descriptive self-report Survey of Exposure to Community Violence (SECV) was used to determine the extent of children's exposure to violence in the home, the school and the neighbourhood (Richters & Saltzman, 1990). The shortened SECV consists of twenty-five items describing a range of violent events to which the child responds by indicating whether s/he has been directly, indirectly or not exposed to the presented event; frequency of his/her exposure; location of exposure; age of, and relationship to the perpetrator/s (Richters & Saltzman, 1990). The SECV includes two indices of levels of direct and indirect exposure to violence. Firstly, the survey includes a categorical indicator of children's exposure which is determined by children's responses to questions such as the following: "Have you ever been badly beaten up?", to which children respond by indicating "yes" or "no". The second indicator of children's exposure to violence in their community is based on questions eliciting the number of times children have been exposed to particular events, for example, "How many times has it happened to you?", to which children respond by indicating the frequency of their exposure.

Items 2, 3, 4 and 9 of the SECV were excluded from the analysis because they measure the nature and prevalence of criminal activity, and not interpersonal violence (e.g. these items inquire about witnessing or experiencing drug-related activities, burglary), and consequently were not directly relevant to the study. The retained items only measured direct or indirect exposure to violent events, including witnessing/experiencing being chased, threatened, beaten, mugged, sexually assaulted/raped, stabbed, shot and murdered. Children could attain a maximum score of 18 across all remaining items (9 indirect exposure items and 9 direct exposure items).

Self-concept: The Piers-Harris Children's Self-Concept Scale (1984) is an 80-item self-report questionnaire designed to assess children and adolescents' conscious self-perceptions. The measure was included to investigate the possible negative effects of exposure to community violence on children's self-concept. The Piers-Harris Children's

Self-Concept Scale is suitable for use by children between the ages of 8 and 18 years, and is divided into six scales: Behavior, Intellectual and School Status, Physical Appearance and Attributes, Anxiety, Popularity, and Happiness and Satisfaction (Piers, 1984). Three of the six scales were used in this study, including Behavior, Popularity and Happiness and Satisfaction. The items are presented as statements which describe how different individuals may feel about themselves, to which the child responds by indicating whether each statement applies to him/her or not, using "yes" and "no" response options (Piers, 1984).

Social Support: The Social Support Scale (SSS) (Beale Spencer, Cole, Jones & Phillips Swanson, 1997), is an 8-item self-report questionnaire assessing the availability of social support for children/adolescents from three contexts – family (including mother, father and siblings), peers (including same-age children and close friends) and school (including teacher and principal). For each item, the participant is asked to indicate whether, "This person is a person in my life" by using the "yes" and "no" response options. If the response is "yes", the participant is requested to indicate on a 3-point scale (including "not at all", "sort of" and "very") how helpful the identified person is, and whether s/he provides emotional support, instrumental support and/or satisfaction (Beale Spencer et al., 1997).

3.5.2 Caregiver measures

Demographics: The following demographic information was obtained from the primary caregivers of participating children: household structure and composition (including size), weekly household income, primary caregivers' level of education, marital and employment status. The demographic questionnaire was compiled by COPES.

Caregiving attitudes: The Adult-Adolescent Parenting Inventory (AAPI) (Bavolek, 1984) was individually administered to primary caregivers of participating children to identify high-risk parenting/caregiving attitudes. The choice of this measure was motivated by the belief that parenting attitudes guide parental behaviours, thus influencing child outcomes

(Gillis-Arnold, Crase, Stockdale & Shelley, 1998). The AAPI is a 32-item self-report questionnaire, containing four scales: Expectations of Children, Empathy, Belief in Physical Punishment and Role Reversal (Bavolek, 1984). Expectations of Children is a 6-item scale assessing inappropriate parental/caregiver expectations of the child; Empathy is a 8-item scale measuring caregivers' empathetic responsiveness towards the child, and awareness of the child's needs; Belief in Physical Punishment is a 10-item scale assessing the caregiver's belief in the value of physical punishment; and Role Reversal is a 8-item scale measuring the caregiver's support of caregiver-child role exchange (Bavolek, 1984). Each item is rated on a five-point Likert scale ("strongly agree" – "strongly disagree"). All scales except Empathy are scored negatively. Thus, a high score in Role Reversal, Expectations or Belief in Physical Punishment denotes low levels of parent-child role reversal, inappropriate expectations of children and endorsement of physical punishment respectively.

Social Support: Hashima & Amato's (1994) structured social support questionnaire was used to assess the size of caregivers' perceived social support networks, extent of participation in various social activities, and the size of instrumental support networks. This instrument consists of 12 items – Perceived Social Support is a 3-item scale; Social Activities is a 6-item scale; and Receipt of Help is a 3-item scale (Hashima & Amato, 1994). Participants are required to respond to the Perceived Social Support scale by indicating how many individuals (0 – 2 or more) they could rely on for various types of assistance. Similarly, participants should respond to the Receipt of Help scale by indicating how many individuals (0 – 2 or more) they have relied on for practical and emotional assistance in the past month. The Social Activities scale requires participants to indicate on a 5-point Likert-scale (options ranging from "never" to "several times a week") how frequently they have partaken in a range of social activities (Hashima & Amato, 1994). To establish participants' relationships to sources of social support, an additional item was included after each item in the first and third scale to identify the provider of support (options include "Family"/"Friends"/"Other.

Child outcomes: The South African Child Assessment Scales (SACAS) (Barbarin, 1998), were used to assess the child's level of emotional or behavioural disturbance, social competence and academic adjustment. The SACAS is a structured questionnaire using a three-point scale (0, 1, 2) to obtain reports from teachers, caregivers and/or mental health professionals (Barbarin, 1998). Anxiety-Depression is a 16-item scale assessing internalising symptoms, including disturbances of mood which stem from sadness and fear. Self-regulation is a 9-item scale measuring behavioural volatility and emotional liability. Self-regulation is the only SACAS scale which is scored negatively. Aggression is an 11-item scale assessing participant engagement in fighting and general disregard for the physical welfare of others. Opposition/defiance is a 5-item scale assessing participant compliance and acceptance of authority. Affability is an 11-item scale measuring social competence and likeability. Resilience is a 7-item scale assessing personal flexibility and capacity to adapt to adversity, while Independence is a 4-item scale measuring personal autonomy. The final 4-item scale is Academic Readiness, which includes a range of behaviours considered predictive of a child's capacity to adjust and succeed in classroom settings (Barbarin, 1998). The Independence and Academic Readiness scales were excluded from the analysis because they measure behavioural adjustment in children younger than those participating in this study. The SACAS was administered to the primary caregivers of participating children.

3.6 Preliminary Analysis

Prior to conducting the statistical analyses, the internal consistency of all scales was assessed. Previously reported reliability coefficients and the reliability coefficients calculated for all scales included in this study are presented in Table 2. As indicated, the reliability coefficients calculated for Piers-Harris Self-Concept subscales were substantially lower than previous reliability coefficients (Piers, 1984), suggesting low internal consistency. Thus, the Piers-Harris Children's Self-Concept Scale was excluded from the study.

Table 2

Scale reliability coefficients

Child Measures	***Previous reliability coefficients***	***Present eliability coefficients***
Piers-Harris Self-Concept Scale	*Cronbach alpha*	*Cronbach alpha*
	Piers, 1984	
Behavior	0.81	0.50
Popularity	0.74	0.45
Happiness and Satisfaction	0.73	0.17
Social Support Scale	*Cronbach alpha*	*Cronbach alpha*
	Beale Spencer, Cole, Jones & Phillips Swanson	
Family Support	0.76	0.52
School support	0.75	0.80
Peer support	0.78	0.66
Caregiver Measures	***Previous reliability coefficients***	***Present reliability coefficients***
Adult-Adolescent Parenting Inventory	*Cronbach alpha*	*Cronbach alpha*
	Bavolek, 1984	
Role reversal	0.86	0.83
Expectations of children	0.75	0.87
Empathy	0.82	0.84
Belief in physical punishment	0.85	0.84
Social Support Questionnaire	*Cronbach alpha*	*Cronbach alpha*
	Hashima & Amato, 1994	
Perceived social support	0.58	0.35
Social activities	0.55	0.82
Receipt of help	0.62	0.63
South African Child Assessment Schedule	*Cronbach alpha*	*Cronbach alpha*
	Barbarin, 1998	
Anxiety/depression	0.65	0.80
Aggression	0.79	0.78
Opposition/defiance	0.58	0.63
Self-regulation	0.68	0.72
Resilience	0.64	0.54
Affability	0.62	0.62

The previous as well as the present reliability coefficients calculated for the Social Support Scale for children (Beale Spencer et al., 1997) indicated acceptable reliability for all scales. In addition, both the previous and current reliability coefficients calculated for the Adult-Adolescent Parenting Inventory (Bavolek, 1984) indicated high reliability for all scales. Previous reliability coefficients reported for the Social Support Questionnaire for caregivers suggest acceptable levels of internal consistency (Hashima & Amato, 1994), as do the reliability coefficients calculated for two (Social Activities and Receipt

of Help) of the three scales in the present study. The reliability coefficient calculated for the Perceived Social Support scale was low when all items were included (Cronbach alpha = 0.35), but increased substantially when one item was excluded (Cronbach alpha = 0.72). All statistical analyses excluded the unreliable item. Finally, as indicated, the previous and present reliability coefficients calculated for the South African Child Assessment Schedule (Barbarin, 1998) suggest good reliability.

3.7 Practical and Methodological Problems

One of the most pressing practical problems encountered during data collection was limited classroom space. In many cases, classes exceeding 50 pupils crowded small classrooms with too few desks, resulting in three to four children per desk. The confidentiality of children's responses could have been compromised by the sharing of desks, which has implications for the honesty of children's answers, and thus, the validity of the information gathered. This issue was particularly problematic when children completed the SECV, which contains numerous personal questions. The validity of caregivers' responses may also have been compromised, but for different reasons. Research assistants occasionally reported caregivers' expressed suspiciousness of the purposes of the research, and in particular, research assistants felt that caregivers doubted the confidentiality of their responses. In some cases, caregivers believed that their parenting ability, and their children, were being judged, and that the information gathered would be used for more sinister purposes than those described. Research assistants admitted that some caregivers required much reassurance before completing the questionnaires.

Another significant problem encountered was the low levels of academic competence in some of the participating classes. Children experiencing difficulty in reading and writing frequently did not understand, or were unable to respond to items included in the questionnaires, and required additional attention, which was both time-consuming and distracted the rest of the group. In addition, the receipt of individual assistance may have influenced these children's responses.

An important concern raised by participating children was the structure and format of the SECV and the Social Support Scale. The conditional questions and multitude of boxes made the completion of the aforementioned questionnaires a complex task. In addition, the ambiguity of some of the questions in the SECV was a source of confusion to a few children (e.g. Does "being chased" include being chased by peers on the playground during a game? Or, what is the difference between being "slapped, punched or hit" and "badly beaten up"?). A number of children in this sample found certain words in two of the questionnaires (SECV and Piers-Harris Self-Concept Scale) difficult to understand. The English SECV contains many American English terms (e.g. "apartment", "mugged") which required explanation; while both the English SECV and the Piers-Harris Self-Concept Scale contained terms beyond these pupils' vocabulary (e.g. "molested", "volunteered"). The provision of an explanation after the reading of each item proved necessary and beneficial. The language used in the Afrikaans questionnaires was similarly considered complicated and certain items required thorough explanation. Caregivers also reported experiencing difficulty in understanding particular words or phrases in the caregiver questionnaires (particularly in the English SACAS, e.g. "sullen"; "self-conscious"), and required explanations from research assistants. Most caregivers completed English questionnaires, rejecting the Afrikaans questionnaires due to the inclusion of words and phrases beyond caregivers' vocabulary.

Finally, it was felt that more elaborate discussions of the sensitive issues raised by the SECV would have been beneficial, giving children a much-needed opportunity to discuss their experiences of violence in their community. However, providing children with the space in which to do so was practically and ethically beyond what I was able to contribute as a researcher. Nonetheless, the children's need to discuss their experiences of violence was striking, and it was felt that the provision of an opportunity to discuss traumatic personal experiences should have followed the SECV completion.

3.8 Ethical Considerations

The child sample consisted exclusively of minors who are legally incapable of giving informed consent. Consequently, the children's legal guardians were requested to grant or refuse permission for their children to participate in the research. Letters requesting caregivers' participation in the research, and permission for his/her child's participation, were sent home with children in the relevant age groups approximately one week prior to the commencement of data collection in each case. In addition, documents offering caregivers an opportunity to refuse their own and their child's participation were included. All documents were written in both Afrikaans and English and used accessible terms to describe the research aims. The children of caregivers who refused to participate and who did not grant permission for their child's participation were excluded from the sample.

Prior to administering the questionnaires to participants (both children and caregivers), an appropriate explanation of the nature and purposes of the research, including the participants' role in the research, was provided. The confidentiality of participants responses' was protected as far as was practically possible.

CHAPTER 4: *Results*

The selection of statistical procedures for the analysis of the relationships between the community, household, parental and child variables included in the present study was based on an interest in determining causal relationships between the factors contributing to child/adolescent adjustment. Structural equation modeling was considered the most appropriate procedure for analysing the data because this method tests how well a theoretical model "fits" the data by establishing whether variables are inter-related through a range of linear relationships. However, the present sample size (N = 184 caregiver-child pairs) and the number of variables included for investigation in this study limited the number of options available for analysing the data, and excluded the possibility of using structural equation modeling for developing causal models. Thus, alternative methods of examining possible direct and indirect relationships between variables had to be selected, and are described fully later in this chapter.

Analyses of variance and covariance, as well as hierarchical regression procedures were selected as the most appropriate statistical procedures to determine the direct and indirect relationships between community, household, parental and child variables, and for establishing their distinct and combined effects on child/adolescent adjustment. Although these statistical procedures allow the emergence of a number of direct and indirect relationships between variables contributing to child and adolescent adjustment, they do not do justice to the potential complexity of inter-relationships likely to have emerged from this data.

The following chapter will include a discussion of the results of the descriptive analyses, analyses of variance and covariance, correlational analyses and hierarchical regression analyses.

4.1 Descriptive Statistics

Children:

4.1.1 Exposure to community violence

4.1.1.1 Levels and types of exposure to violence

The Survey of Exposure to Community Violence was used to determine patterns of direct and indirect exposure to violence for all children in the sample (N = 305). The categorical index of direct and indirect exposure to violence, as opposed to the frequency of direct and indirect exposure to violence, was used as the indicator of children's levels of exposure. Both the direct and indirect violence exposure frequency distributions were positively skewed, and were characterised by numerous outliers. Frequency of exposure to violence was thus excluded from analysis on the basis of possible unreliability. However, the skewed frequency distributions are nonetheless important to mention because the high frequencies of exposure reported by participants suggest the everyday occurrence of certain violent events. Two indirect exposure items in particular – hearing the sound of gunshots and witnessing someone being arrested by the police – attracted extreme responses, illustrating the regularity of these events in the participating children and adolescents' lives.

The kinds of violent/criminal events children have been exposed to are presented in Table 3 and Figure 2 and 3. The incidents to which children were most often directly exposed included gunshots (88.8%), being slapped, punched or hit (47%) and being chased (39%). Seventy-seven percent of the participating children reported witnessing someone (other than the police) carrying a weapon (gun/knife), 84.3% reported witnessing someone being arrested by the police, while as much as 90.5% of the children reported having witnessed someone being physically assaulted.

Table 3

Types of violence exposure

Item	Count		%	
	Direct	Indirect	Direct	Indirect
Being chased by a gang/individual	119	234	39	76.72
Offering, selling, buying or using illegal drugs	29	193	9.5	63.27
House/flat being burgled	120	138	39	45.24
Picked up, arrested or taken away by police	18	257	5.9	84.26
Threatened with serious physical harm	91	194	29	63.6
Being slapped, punched or hit	145	276	47	90.49
Being badly beaten up	44	194	14	63.6
Being mugged	79	146	25.9	47.86
Sexually assaulted, molested or raped	19	72	6.22	23.6
Carrying or holding a gun or knife/hearing gunshots	271	236	88.8	77.37
Being attacked or stabbed with a knife	39	187	12.78	61.31
Being shot with a gun	10	118	3.27	38.68
Being killed/threat of being killed	31	79	10.16	25.9

N = 305

Figure 2

Number of children indirectly exposed to community violence

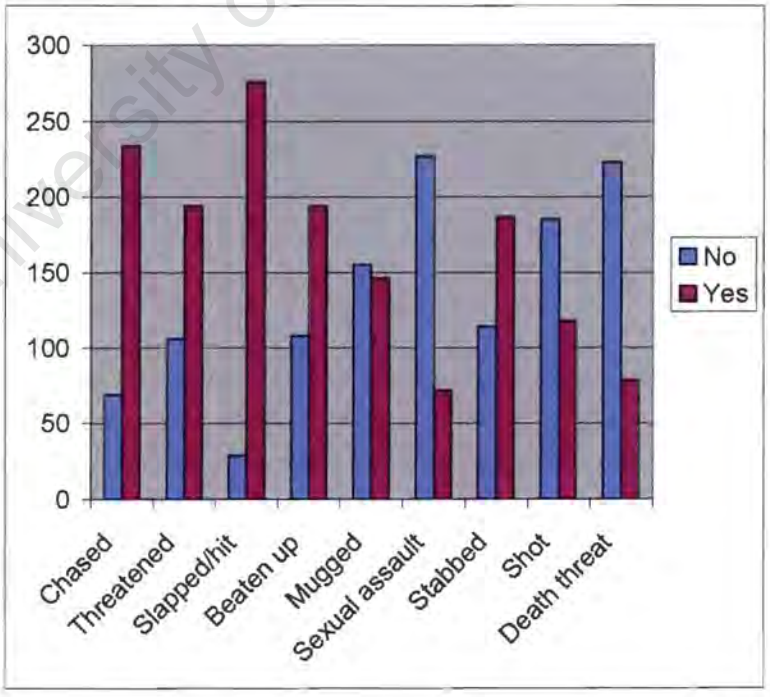
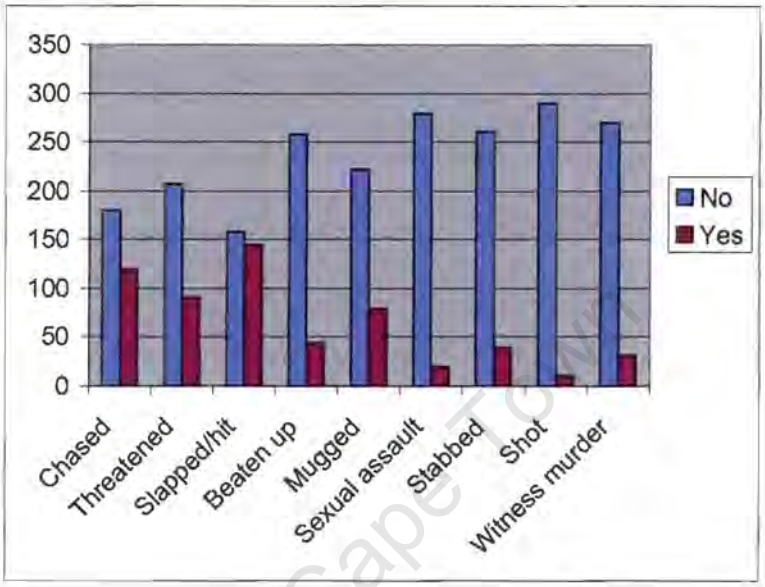


Figure 3

Number of children directly exposed to community violence



Gender differences in exposure confirmed previous research findings (e.g. Van der Merwe & Dawes, 2000; Barbarin & Richter, 2001b); boys were exposed to violence both directly and indirectly more often than girls. An exception was evident in children's direct exposure to sexual assault or rape: 8 (5.26%) boys compared to 11 (7.18%) girls reported exposure to this form of violence (see Table 4). Another interesting exception was girls' reported level of witnessing physical assault – 102 (66.66%) girls reported indirect exposure to being punched, slapped or hit, while 92 (60.52%) boys reported such exposure. Although children were expected to experience more violence as they increased in age (when caregiver protection is likely to decrease), Table 5 illustrates an unexpected lack of striking age differences in patterns of direct and indirect exposure to violence.

Table 4

Gender differences in exposure to violence

Item	Indirect Exposure		Direct Exposure	
	Male (N = 152)	Female (N = 153)	Male	Female
Being chased by a gang/individual	131	103	78	41
	86%	67.32%	51.31%	26.87%
Threatened with serious physical harm	100	94	59	32
	65.78%	61.43%	38.81%	20.91%
Being slapped, punched or hit	142	134	82	63
	93.42%	87.58%	53.94%	41.17%
Being badly beaten up	92	102	27	17
	60.52%	66.66%	17.76%	11.11%
Being mugged	72	74	44	35
	47.36%	48.36%	28.94%	22.87%
Being sexually assaulted, molested or raped	43	29	8	11
	28.28%	18.95%	5.26%	7.18%
Being attacked or stabbed with a knife	102	85	31	8
	67.10%	55.55%	20.39%	5.22%
Being shot with a gun	70	48	8	2
	46.05%	31.37%	5.26%	1.30%
Being killed/threat of being killed	49	30	22	9
	32.23%	19.60%	14.47%	5.88%

N = 305

For subsequent analyses, the SECV was modified to include only the 18 items (9 direct exposure items; 9 indirect exposure items) which were directly relevant to the study, as previously described in the method section. As expected, children had been exposed to violence indirectly (M = 4.93; SD = 2.32) more frequently than directly (M = 1.90; SD = 1.81). Twenty-six percent of the children reported never having been directly exposed to any of the presented events, however, most children (64.91%) reported having personally experienced between 1 and 4 violent events. Only 6 children (1.7%) reported never having witnessed any of the presented violent events; while the majority (70%) reported witnessing between 5 and 9 violent incidents.

4.1.1.2 Location of exposure and relationship to perpetrators of violence

Participants' most frequent reported location of indirect and direct exposure to violence was "somewhere else" (other than in or near the home or school) in the community, followed by "near your home", indicating the violence children are exposed most frequently occurs outside their homes, in their neighbourhoods. One exception was the modal response for direct exposure to slapping, hitting or punching - children most

frequently reported experiencing this kind of violence in their homes. Children indicated that the perpetrator/s of violent events were mostly adults, with a few exceptions (children/young adults were reported as being the most frequent perpetrators of chasing, threatening, theft and stabbing). Across the majority of items (13 items), children reported knowing the perpetrator, with the exception of direct and indirect exposure to chasing; indirect exposure to mugging; witnessing someone being shot with a gun or witnessing someone being killed – in these cases participants most frequently reported not knowing the perpetrator.

To summarise, the SECV data suggests that children in this sample have been exposed to high levels of violence, both directly and indirectly. Boys reported higher rates of both direct and indirect exposure to violence than girls, with the exception of direct exposure to sexual assault and indirect exposure to physical assault. No striking age differences in levels or types of exposure to violence were observed. Participating children most frequently reported being directly and indirectly exposed to violence outside their homes and schools, in their neighbourhoods. In addition, children most frequently indicated that the perpetrator/s of violence were adults, and known to their victim/s.

4.1.2 Social support for children and adolescents

Children could score a maximum of 30 on the Family scale of the Child Social Support Scale; and a maximum of 20 on the School and Peer support scales. The mean scores for these scales when all children were included in the analysis were as follows: Family scale: M = 20.05 (SD = 6.73); School scale: M = 9.93 (SD = 5.47); and Peer scale: M = 11.05 (SD = 6.01). The relatively high modal score for Family support (Mo = 23) compared to Peer (Mo = 0) and School support (Mo = 10) indicates the high frequency of family support-seeking among the children in this sample.

Children indicated that family members, peers and teachers were approximately equal in the provision of satisfactory emotional support – family, peers and teachers were reported to be either "sort of" or "very" helpful when they had a personal problem. Family

members, followed by peers, were most frequently identified as satisfactory sources of instrumental support ("this person is helpful when I need money and other things"); while peers, followed by family members, were most frequently identified as satisfactory companions in "fun" social activities (instrumental support) (See Table 6).

Table 6

Types and sources of child social support provision and satisfaction with support

Emotional Support		**Satisfaction**	
	Low	*Medium*	*High*
Family Support			
Mother	5%	15%	80%
Father	16%	27%	56%
Siblings	22%	39%	38%
School Support			
Teacher	11%	29%	59%
Principal/vice Principal	38%	34%	28%
Peer Support			
Kids your age	31%	31%	38%
Your close friends	16%	32%	52%
Instrumental Support			
Family Support			
Mother	7%	20%	74%
Father	14%	25%	61%
Siblings	27%	38%	35%
School Support			
Teacher	48%	24%	28%
Principal/vice Principal	60%	19%	22%
Peer Support			
Kids your age	36%	35%	30%
Your close friends	24%	35%	41%
Activities			
Family Support			
Mother	8%	43%	49%
Father	14%	44%	42%
Siblings	14%	36%	50%
School Support			
Teacher	16%	27%	57%
Principal/vice Principal	50%	30%	19%
Peer Support			
Kids your age	16%	27%	57%
Your close friends	11%	31%	58%

N = 305

Few age differences in social support provision were observed when the sample was divided into two groups (9 – 12 years, and 13 – 16 years). Mean scores for the two groups were approximately equal, and were slightly lower than the scale mid-points, suggesting relatively low overall levels of support for both children and adolescents.

Caregivers

4.1.3 Demographic information

All caregivers were included in the descriptive analyses of household demographic characteristics, parenting attitudes and social support. The total caregiver sample consisted of 213 respondents, whose ages ranged from 22 to 74 years of age (M = 30 years; SD = 7.39; Mo = 27 years). Eighty percent of the participating caregivers were female. Mothers were most frequently identified as the primary caregiver of the index child (in 43.2% of cases). Alternative primary caregivers included, among others, fathers (20.2%), grandparents (14.5%), other relatives (3.2%) and siblings (2.8%). One hundred and thirty-five (65.2%) caregivers were living with a partner, and 72 (34.8%) were not living with their partners. The mean level of education for caregivers was grade 9 (SD = 2.17); education levels ranged from no formal education (2%) to the completion of high school (18.3%). Five percent of the respondents reported having a diploma or university degree. One hundred and twenty-eight respondents (61.8%) were employed and 79 (38.2%) were unemployed at the time of questionnaire completion. The mean weekly household income for this sample was R377.19; and the modal response was R251.00 – R350.00. Weekly household income ranged from no income (11.3%) to R851.00 and over (2.8%). Household composition was divided into the number of adults (M = 3; SD = 2.38) and children (M = 2.5; SD = 1.12) per household.

4.1.4 Social support for caregivers

On the Social Support Questionnaire, caregivers' scores ranged from 0 – 6 for Perceived Social Support; 0 – 35 for Social Activities; and 0 – 6 for Receipt of Help. The mean scores in each respective case were M = 4.09 (SD = 1.66); M = 18.65 (SD = 6.5); and M

= 3.9 (SD = 1.64). The mean scores for Perceived Social Support and Receipt of Help were higher than the mid-points of both scales, indicating relatively high levels of perceived and instrumental support for caregivers in this sample. The reverse was true for Social Activities, indicating somewhat infrequent parental participation in social activities. In addition, the modal response for regularity of social contact with relatives, neighbours, co-workers and friends was consistently "several times a year" (as opposed to "once a month", "once a week" or "several times a week"), suggesting irregular parental participation in social activities. Caregivers reported family as the most likely sources of both perceived and instrumental (actual) support in all cases (See Table 7).

Table 7

Sources of caregiver support

	Perceived Social Support	
	Sources	%
If you needed help in the middle of the night	Family	65.78%
	Friends	24.21%
	Other	10%
If you needed to borrow R250	Family	66.66%
	Friends	26.66%
	Other	6.66%
	Receipt of Help	
	Sources	%
Child-care assistance	Family	53.40%
	Friends	34.09%
	Other	12.50%
Assistance with home/care repairs	Family	43.31%
	Friends	37.96%
	Other	18.71%
Offer advice, encouragement/support	Family	52.06%
	Friends	32.47%
	Other	15.46%

N = 213

4.2 The direct and indirect effects of community and parental variables on child/adolescent adjustment

A series of analyses of variance and covariance were conducted to determine the main and combined (interaction) effects of categorical variables on child/adolescent outcomes. Determining connections between community and parental variables and their joint contribution to child outcomes was particularly central to the aims of the present study, which are focused on establishing ecological links between factors and processes occurring in the contexts of child development. However, the sample size and the number of variables included in this study excluded the use of a multivariate analysis of variance (MANOVA) to establish the possible main and combined effects of certain variables on child/adolescent outcomes. Thus, alternative statistical procedures, which included fewer variables in the analyses, had to be employed.

All caregivers and children comprising the paired sample (N = 184) described previously in the method section were included in the analyses of co/variance. The sample was not divided into two groups on the basis of child age in order to preserve cell sizes. The following analyses were conducted:

- The first set of analyses performed was a series of analyses of covariance (ANCOVA), including one parental variable (independent variable) and one social support variable (covariate) per child outcome measure (dependent variable). Only those results indicating that the covariate (social support) contributes significantly to determining child behavioural outcomes through its effect on parenting attitudes, are reported. Investigating the possible interaction between parental social support availability and parenting attitudes, and their combined effect on child/adolescent outcomes was prioritised, and was the only potential interaction examined in this study.
- Secondly, to test whether different levels of exposure to violence (direct and indirect) differentially affect child behavioural outcomes, a two-way analysis of variance (ANOVA) was performed.

- Thirdly, two additional two-way analyses of variance (ANOVA) were conducted with caregiver marital and employment status entered as the independent variables, and caregiving attitudes and child outcomes entered separately as the dependent variables.

To test the assumptions of normality and homogeneity of variance on which the analysis of variance is based, Kolmogorov-Smirnov's test of distribution fitting and Levene's test for heterogeneity of variance were performed. The results of Kolmogorov-Smirnov's test suggested the exclusion of the following variables from the analyses of variance on the basis of deviations from normality: affability ($d = 0.125$; $p < 0.01$), resilience ($d = 0.156$; $p < 0.01$) opposition/defiance ($d = 0.159$; $p < 0.01$). On the basis of heterogeneity of variances, the results of Levene's test indicated the exclusion of resilience ($F(1, 169)=5.144$: $p < 0.02$) and anxiety/depression ($F(1, 169)=4.370$; $p < 0.04$) when parental empathy was entered as the independent variable; and resilience ($F(1, 173)=4.378$; $p < 0.04$) and opposition/defiance ($F(1, 173)=5.846$; $p < 0.02$) when parental expectations was entered as the independent variable. However, Howell (1997) suggests that variables which represent only moderate deviations from the normal distribution, and whose largest variance is no more than four times the smallest may be included in the analysis of variance. As neither of Howell's (1997) criteria were violated, all variables were retained for subsequent analyses (refer to Figures 4, 5 and 6 for normal probability plots). Only statistically significant results are discussed.

4.2.1 Testing the buffering hypothesis

The most common statistical procedure used to test for interaction/s between social support and risks to child adjustment, and so confirm or reject the buffering hypothesis, is an analysis of variance (Cohen & Wills, 1985). The use of a multiple regression analysis with a cross-product term to test for an interaction effect has also been used, but has been described as a somewhat controversial method of analysis (Cohen & Wills, 1985). In the present study, the possibility of conducting a multivariate analysis of variance (MANOVA) to test for the presence of interactions between social support for caregivers and parenting attitudes was ruled out by the number of variables to be included in the

analysis (3 social support variables and 4 parenting variables) and the limited number of participants (N = 184). Alternatives to performing a series of multivariate analyses of variance includes performing multiple two-way analyses of variance (ANOVA), including one parental variable and one social support variable per analysis; or multiple analyses of covariance (ANCOVA), including one parental variable as independent variable and one social support variable as covariate per analysis to maintain adequate cell sizes. The analysis of variance would determine whether social support for caregivers and parenting attitudes interact to have a combined effect on measures of child behavioural adjustment, while the analysis of covariance would determine whether the extraction of the social support for caregivers influences the association between caregiving attitudes and child outcomes. The latter statistical procedure was selected to test the contribution of social support for caregivers to parenting attitudes, and the distinct or combined importance of each set of variables in determining child outcomes. It is worth noting that one of the disadvantages of performing multiple one-way analyses of variance/covariance is the increased probability of a Type I error occurring. However, due to the limited options available for testing possible social support-parenting interactions, and the importance of confirming or rejecting the buffering hypothesis, that the following ANCOVA's have been conducted. It is with an awareness of the increasing probability of a Type I error occurring that the number of caregiver variables have been reduced (caregiver-child role reversal is excluded on the basis of having the least frequent relationships to child outcomes as indicated in the correlational analyses that follow).

4.2.2 The effect of parental social support and parenting attitudes on child/adolescent adjustment

Caregiver empathy, expectations and belief in physical punishment; and parental perceived social support, social activities and receipt of help were included in a series of one-way analyses of covariance with parenting attitudes entered as the independent variables, and social support variables entered as the covariates. The means and standard deviations are presented in Table 8. The results indicated a significant main effect between caregiver empathy and anxiety/depression ($F(1, 169)=4.073$; $p < 0.05$), with

high parental empathy producing significantly lower anxiety/depression scores for children. The significant main effect between empathy and anxiety/depression diminished to non-significance when parental social activities was entered as covariate ($F(1, 162)=2.519$; $p < 0.114$). In addition, when the effect of perceived social support was extracted from the analysis, the significant main effect between caregiver empathy and anxiety/depression was reduced to non-significance ($F(1, 136)=1.637$; $p < 0.202$). These results suggest that social activities and perceived social support contribute significantly to the relationship between parental empathy and child anxiety/depression.

A significant main effect between caregiver belief in physical punishment and anxiety/depression also emerged ($F(1, 172)=4.927$; $p < 0.03$), indicating that parental endorsement of punishment produces significantly higher anxiety/depression scores in participating children. The significant main effect between endorsement of physical punishment and anxiety/depression scores for children was no longer significant when parental social activities was entered as covariate ($F(1, 163)=2.702$; $p < 0.102$). In addition, the extraction of the influence of perceived social support on parental belief in physical punishment reduced the main effect between endorsement of physical punishment and anxiety/depression to non-significance ($F(1, 139)=1.501$; $p < 0.202$). These results suggest that perceived social support and social activities mediate the relationship between particular parenting attitudes (empathy and belief in physical punishment) and internalising symptoms in children.

Table 8

Parenting attitudes, social support and child and adolescent adjustment: Means and Standard Deviations

Independent Variable	Dependent Variable	Covariate	Dependent Variable	Covariate	
	Anxiety/Depression	*Perceived Social Support*	*Anxiety/Depression*	*Perceived Social Support*	*Cell Sizes*
Punishment	Means	Means	Std Dev	Std Dev	
Low	8.14	2.41	3.79	1.51	66.00
High	7.38	2.62	4.24	1.51	76.00
	Anxiety/Depression	*Social Activities*	*Anxiety/Depression*	*Social Activities*	*Cell Sizes*
Punishment	Means	Means	Std Dev	Std Dev	
Low	8.44	21.45	3.74	9.36	78.00
High	7.08	17.34	4.26	9.30	88.00
	Anxiety/Depression	*Perceived Social Support*	*Anxiety/Depression*	*Perceived Social Support*	*Cell Sizes*
Empathy	Means	Means	Std Dev	Std Dev	
Low	8.49	2.48	3.40	1.51	67.00
High	7.67	2.75	4.48	1.49	72.00
	Anxiety/Depression	*Social Activities*	*Anxiety/Depression*	*Social Activities*	*Cell Sizes*
Empathy	Means	Means	Std Dev	Std Dev	
Low	8.66	21.84	3.44	9.27	77.00
High	7.43	17.34	4.53	9.30	88.00

N = 184

4.2.3 The effect of direct and indirect exposure to community violence on child/adolescent adjustment

Prior to conducting the first two-way analysis of variance (ANOVA), the assumption of homogeneity of variances was once again tested. The results of Levene's test for heterogeneity of variances indicated the exclusion of resilience ($F(3, 112)=p < 0.001$); however, the largest variance was not four times the smallest, and thus, the variable was included in analysis (Howell, 1997). One two-way ANOVA was performed with direct and indirect exposure to violence entered as independent variables and affability, resilience, opposition/defiance, self-regulation and aggression as separate dependent variables in each equation. The means and standard deviations are presented in Table 9. The results of the two-way analysis of variance indicated that children scoring low on direct exposure to violence scored significantly higher on affability ($F(1, 112)=9.622$; $p < 0.01$). This finding suggests an exposure-related decrease in prosocial behaviour.

Table 9

Direct and indirect exposure to violence and child and adolescent adjustment: Means and Standard Deviations

		Affability		
Indirect Exposure	Direct Exposure	Means	Std Dev	Cell Sizes
Low	Low	9.95	3.00	40.00
Low	High	8.95	3.06	22.00
High	Low	12.00	3.74	10.00
High	High	8.82	2.97	44.00

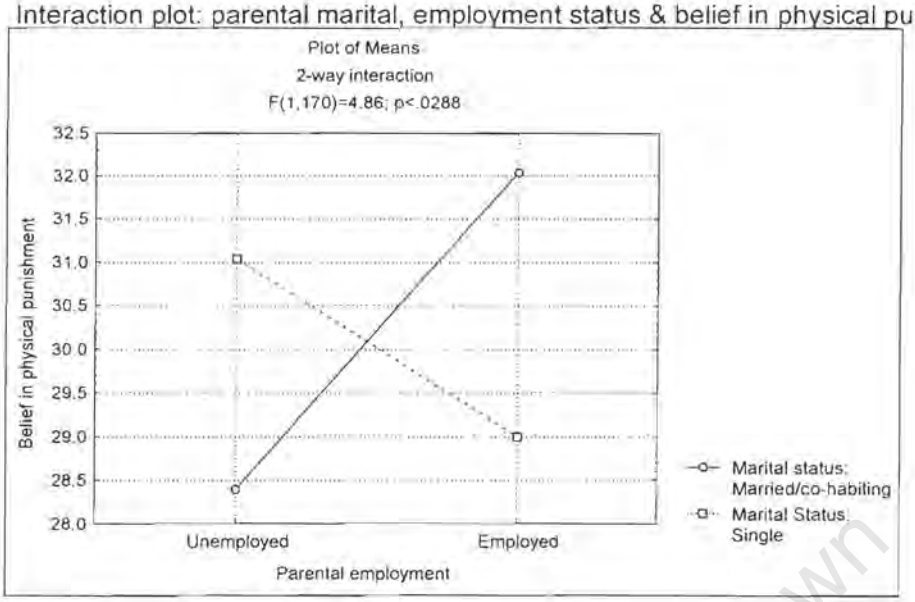
N = 184

4.2.4 The effect of parental marital and employment status on parenting attitudes and child/adolescent adjustment

Once it had been established that the assumption of homogeneity of variances had not been violated (all results of Levene's test were non-significant), 2 additional two-way analyses of variance (ANOVA) were conducted. Caregiver marital and employment status were entered as independent variables in each case, with child outcomes as the first set of dependent variables, and caregiver attitudes as the second set of dependent variables. The means and standard deviations are presented in Table 10 and 11. The findings indicated a single main effect when anxiety/depression was entered as the outcome variable. The children of employed caregivers scored significantly lower on anxiety/depression ($F(1, 170)=6.860$; $p < 0.01$). When caregiving attitudes were entered as the dependent variables, two main effects were produced. Employed caregivers reported significantly higher levels of caregiver-child role reversal ($F(1, 170)=5.884$; $p < 0.02$) and lower levels of empathy towards children ($F(1, 170)= 4.001$; $p < 0.05$) than unemployed caregivers. A statistically significant interaction effect between caregiver marital and employment status emerged when belief in physical punishment was entered as the dependent variable ($F(1, 170)=4.862$, $p < 0.03$). Married/co-habiting caregivers who were also unemployed displayed the least punitive attitudes, whilst married/co-habiting employed caregivers displayed the most punitive attitudes (refer to Figure 7).

Figure 7

Interaction plot: parental marital, employment status & belief in physical punishment



The results of the analyses of variance and covariance can be summarised as follows:

- The results of the series of one-way ANCOVA's performed indicated that perceived social support and parental social activities accounted for the significant main effects between parental empathy and child anxiety/depression. In addition, both perceived social support and social activities contributed significantly to the main effects between caregiver belief in physical punishment and anxiety/depression scores for participating children and adolescents.
- The results of the first 2-way ANOVA conducted produced a main effect for direct exposure to violence when affability was entered as dependent variable. High direct exposure produced significantly lower affability scores for participating children and adolescents.
- The results of 2 additional two-way analyses of variance indicated a significant main effect between parental employment and child/adolescent anxiety/depression. These children of employed caregivers obtained significantly lower anxiety/depression scores. In addition, when parental employment was entered as the independent variable and caregiving attitudes were entered as the dependent variables, two main

effects emerged. Employed caregivers reported significantly higher levels of caregiver-child role reversal and lower levels of empathy towards children. A statistically significant interaction effect between caregiver marital and employment status occurred when belief in physical punishment was entered as the dependent variable. Married/co-habiting caregivers who were also unemployed supported the use of physical punishment the least frequently, while married/co-habiting employed caregivers supported the use of physical punishment the most frequently.

4.3 The relationships between exposure to community violence, parenting attitudes, social support and child/adolescent adjustment

The paired sample described previously was included in a series of correlational analyses aimed at establishing the relationships between the selected community, parental and child variables. Pearson's Product-Moment Correlations were computed for caregiver-child pairs to determine relationships between:

- Exposure to community violence and child/adolescent behavioural adjustment.
- Parenting attitudes and child/adolescent adjustment.
- Social support for caregivers and parenting attitudes.
- Social support for children and child/adolescent adjustment.
- Household demographic characteristics and child/adolescent adjustment.
- Household demographic characteristics and parenting attitudes.

4.3.1 Exposure to community violence and child/adolescent behavioural adjustment

Results indicated moderate levels of co-exposure to direct and indirect violence in the 9 – 12 year-old age group ($r = 0.47$; $p < 0.05$) and in the 13 – 16 year-old age group ($r = 0.43$; $p < 0.05$). Surprisingly, direct and indirect exposure to community violence were not significantly related to any of the measured child behavioural outcomes, although a non-significant trend in the expected direction could be detected. When gender was taken into account, however, a moderate correlation between indirect exposure to violence and

opposition/defiance in boys emerged ($r = 0.24$; $p < 0.05$). Another finding of interest was that male participants were more likely than female participants to be co-exposed to direct and indirect violence ($r = 0.55$; $p < 0.05$) (see Table 12).

4.3.2 Parenting attitudes and child/adolescent behavioural adjustment

The three negatively scored AAPI scales (Role Reversal, Expectations and Belief in Physical Punishment) and the positively scored Empathy scale showed numerous relationships to child behavioural outcomes. Age and gender differences in the relationships between parenting attitudes and child adjustment are presented in Tables 13 and 14. The higher frequency of relationships emerging between parenting attitudes and child outcomes in the younger cohort suggests higher levels of caregiver-child involvement during middle childhood. As indicated in Table 14, parental empathy and belief in physical punishment were related more often to measures of behavioural adjustment in boys than in girls. Although the gender difference in the relationships between parental empathy and child outcomes is unusual, the higher frequency of relationships between parental belief in physical punishment and child outcomes for boys may be attributable to the higher likelihood of boys being recipients of physical punishment. In addition, the relationship between role reversal and internalising symptoms for girls may be attributed to gender norms and sanctions. Caregiver-child role exchange is more likely to affect the behavioural adjustment of girls due to the higher likelihood of girls' assuming caregiving roles.

Table 13

Age comparisons of the relationships between parenting attitudes and child and adolescent adjustment

	Affability		Resilience		Anxiety/Dep		Opposition/Def		Self-Regulation		Aggression	
	9- 12	13 -16	9- 12	13 -16	9- 12	13 -16	9- 12	13 -16	9- 12	13 -16	9- 12	13 -16
Role Reversal	-0.06	-0.09	**-0.21**	**-0.26**	**0.3**	0.21	0.05	0.05	0.02	-0.04	0.14	0.14
Empathy	0.05	-0.04	-0.05	-0.15	0.02	-0.23	-0.18	0.03	**-0.23**	**-0.37**	**-0.22**	**-0.3**
Expectations	**0.22**	**0.33**	0.15	**0.34**	**-0.36**	-0.21	**-0.28**	0	**-0.44**	-0.11	**-0.47**	-0.14
Punishment	0.12	0.2	-0.02	0.05	-0.06	-0.1	**-0.21**	-0.04	**-0.3**	-0.23	**-0.19**	-0.21

Marked correlations significant at $p < 0.05$
Young cohort: N = 119; Older cohort: N = 65

Table 14

Gender comparisons of the relationships between parenting attitudes and child and adolescent adjustment

	Affability		Resilience		Anxiety/Dep		Opposition/Def		Self-Regulation		Aggression	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Role Reversal	-0.09	0.05	-0.12	-0.20	0.18	**0.31**	-0.15	0.18	-0.02	-0.02	0.07	0.19
Empathy	0.05	0.10	-0.02	-0.04	-0.06	-0.06	**-0.23**	-0.05	**-0.28**	**-0.28**	**-0.28**	-0.19
Expectations	**0.24**	**0.37**	0.20	**0.30**	**-0.38**	**-0.26**	**-0.24**	-0.20	**-0.34**	**-0.37**	**-0.33**	**-0.38**
Punishment	0.16	**0.24**	0.10	0.01	-0.16	-0.02	**-0.35**	-0.03	**-0.28**	**-0.33**	**-0.30**	-0.08

Marked correlations significant at $p < 0.05$
Girls: N = 93; Boys: N = 91

4.3.3 Social support for caregivers and parenting attitudes

Moderate relationships were found between social support for caregivers and parenting attitudes (see Table 15). Social activities related more often than either perceived social support or receipt of help to parenting attitudes, and in an unexpected direction, relating negatively to empathy, expectations and belief in physical punishment. The activity-related reduction in positive parenting attitudes may be reflective of a diminished interest in, or commitment to the full-time task of parenting.

Table 15

Relationships between social support for caregivers and parenting attitudes

	Role reversal	Empathy	Expectations	Punishment
Perceived social support	**0.15**	0.13	0.01	0.10
Social activities	-0.10	**-0.22**	**-0.45**	**-0.22**
Receipt of help	**0.25**	**0.16**	-0.11	0.12

Marked correlations significant at $p < 0.05$
N = 184

4.3.4 Social support for children and child/adolescent adjustment

Age and gender differences in the relationships between social support for children and child behavioural outcomes are presented in Tables 16 and 17. All three types of child social support (family, school and peer support) were inversely related to aggression in the 13 – 16 year-old age group, suggesting the importance of social support in reducing aggression in adolescents. Family support was most frequently related to child outcomes in the 9 – 12 year-old age group, and was the only type of social support to relate to behavioural outcomes in girls. In addition, peer support related most often to measures of behavioural adjustment in boys. These results suggest that child age and gender influence sources of support provision. Family support appears to be particularly important in the lives of younger children and girls, while peer support appears to be more important in the lives of boys.

Table 16

Age comparisons of the relationships between child social support and child and adolescent adjustment

	Affability		Resilience		Anxiety/Dep		Opposition/Def		Self-Regulation		Aggression	
	9-12	13 -16	9-12	13 -16	9-12	13 -16	9-12	13 -16	9-12	13 -16	9-12	13 -16
Family Support	0.11	0.03	0.16	-0.09	**-0.34**	-0.24	-0.17	-0.09	**-0.30**	-0.14	**-0.35**	**-0.31**
School Support	**0.19**	-0.07	0.06	-0.11	**-0.27**	-0.16	-0.12	-0.06	-0.17	-0.21	**-0.20**	**-0.36**
Peer Support	0.15	-0.05	0.00	-0.15	-0.17	**-0.31**	-0.02	-0.06	-0.11	-0.24	-0.15	**-0.31**

Marked correlations significant at $p < 0.05$
Young cohort: N = 119; Older cohort: N = 65

Table 17

Gender comparisons of the relationships between child social support and child and adolescent adjustment

	Affability		Resilience		Anxiety/Dep		Opposition/Def		Self-Regulation		Aggression	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Family Support	0.03	0.12	-0.07	0.19	**-0.27**	**-0.33**	-0.14	-0.18	**-0.23**	**-0.28**	**-0.34**	**-0.35**
School Support	0.09	0.13	-0.01	0.06	**-0.36**	-0.10	-0.05	-0.16	-0.20	-0.18	**-0.37**	-0.11
Peer Support	-0.03	0.19	**-0.24**	0.13	**-0.28**	-0.17	0.01	-0.06	**-0.22**	-0.07	**-0.28**	-0.11

Marked correlations significant at $p < 0.05$
Girls: N = 93; Boys: N = 91

4.3.5 Household demographic characteristics, parenting attitudes and child/adolescent adjustment

Moderate relationships emerged between selected demographic variables, caregiving attitudes and child outcomes. Caregiver education was positively related to parental endorsement of role reversal, indicating an association between caregiver education appropriate role expectations of children. Household income was not significantly related to role reversal, empathy, expectations or belief in physical punishment. In addition, no statistically significant relationships emerged between household income and adolescent outcomes. However, household income was inversely related to anxiety/depression ($r = -0.21$; $p < 0.05$) and deficits in self-regulation ($r = -0.23$; $p < 0.05$) in the 9 – 12 year-old age group, suggesting the importance of adequate material resources in the lives of young children.

An unexpected finding was the negative association between caregivers' level of education and affability for adolescents ($r = -0.26$; $p < 0.05$). In addition, caregiver education was positively related to anxiety/depression ($r = 0.43$; $p < 0.05$) and aggression ($r = 0.29$; $p < 0.05$) in the older cohort; and to opposition/defiance ($r = 0.26$; $p < 0.05$) in the younger cohort. The reasons for the relationships between caregiver education and child/adolescent outcomes are unclear, and are inconsistent with previous research findings which emphasise the importance of parental education in enhancing adjustment

in children (e.g. Leadbeater & Bishop, 1994; Beale Spencer et al., 1997; Leventhal, Brooks-Gunn & Kamerman, 1997).

The number of children per household was significantly related to caregiver expectations ($r = 0.20$; $p < 0.05$), but household size was not significantly related to child outcomes in either of the cohorts. Only one gender difference emerged – the number of children per household was exclusively associated with behavioural adjustment in boys, relating positively to affability ($r = 0.33$; $p < 0.05$) and resilience ($r = 0.35$; $p < 0.05$), and negatively to anxiety/depression ($r = - 0.32$; $p < 0.05$). Speculatively, as the number of children in the household increases, so do possible sources of support and assistance, which may increase prosocial behaviours in the index child. Previous research findings have indicated the importance of external sources of support for boys (Werner, 2000).

The results of the correlational analyses reported above, and those presented in the tables, can be summarised as follows:

- No statistically significant relationships between direct or indirect exposure to violence and child outcomes emerged, except when gender was taken into account. Indirect exposure to violence and opposition/defiance were positively related for boys.
- Parenting attitudes related more frequently to child/adolescent outcomes than any other set of variables:
  - Low levels of caregiver-child role reversal was associated with a decrease in resilience for children in both age groups.
  - High caregiver empathy was associated with a reduction in deficits in self-regulation and aggression in both age groups.
  - Caregiver expectations related to all child outcomes except resilience in the younger cohort. Age-appropriate expectations was associated with high affability; and low anxiety/depression, opposition/defiance, deficits in self-regulation and aggression in the 9 - 12 year-old group. For adolescents, age appropriate parental expectations only related (positively) to two child outcome measures, affability and resilience.

- Belief in physical punishment was only related to child outcomes in the younger cohort. Low endorsement of physical punishment was associated with lower opposition/defiance, deficits in self-regulation and aggression scores in the younger group.
- Gender differences in the relationships between caregiving attitudes and child/adolescent outcomes emerged. Caregiver attitudes, particularly belief in physical punishment and empathy towards children, were related more frequently to measures of behavioural adjustment for boys than for girls.
- Overall, caregiver attitudes were associated with more measures of behavioural adjustment in the younger cohort and in boys.

- All three measures of caregiver social support were related to parenting attitudes, but social activities related most frequently and negatively to supportive parenting attitudes. Frequent parental participation in social activities was associated with a decrease in empathy towards children, and an increase in parental endorsement of physical punishment and age-inappropriate parental expectations.
- All three measures of child social support were related to child/adolescent outcomes. Social support from all sources was associated with a reduction in aggression in the older cohort. Family support was associated most frequently with child outcomes in the younger cohort, relating to lower levels of anxiety/depression, deficits in self-regulation and aggression. Peer support was associated most frequently with adolescent behavioural adjustment.
- Gender differences in the relationships between child social support and child/adolescent outcomes also emerged. Only family support was related to child outcomes in girls, while peer support related more often to boys' outcomes than any other type of support.
- Limited caregiver education related to higher levels of caregiver-child role reversal. Unexpectedly, limited parental education was also associated with higher affability, anxiety/depression and aggression scores in the older group, and higher opposition/defiance scores in the younger group. Household income only related to child outcomes in the younger group - an increase in household income was

associated with a decrease in anxiety/depression and deficits in self-regulation for 9 – 12 year-olds. Neither household size, not household composition were related to child or adolescent outcomes.

- One gender difference in the relationships between household demographic characteristics and child/adolescent outcomes emerged. An increase in the number of children per household was accompanied by an increase in affability and resilience, and a decrease in anxiety/depression for boys.

4.4 Predicting child/adolescent behavioural adjustment

In an attempt to construct a theoretical model of factors which contribute to, or predict behavioural outcomes in children and adolescents, the whole paired sample (N = 184) was included in 6 hierarchical multiple regression procedures (one per child outcome variable). The predictor variables were selected on the basis of the relationships emerging from correlational analysis employed earlier (See Table 18). The order of entry of the variables selected for analysis was determined by the frequency of their relationships to each of the child outcome variables. The following predictor variables were included in each case:

- Direct and indirect exposure to community violence.
- Parenting attitudes: role reversal, empathy, expectations and belief in physical punishment.
- Social support for caregivers: perceived social support, social activities and receipt of help.
- Social support for children/adolescents: school, peer and family support.
- Household demographic characteristics: caregiver education and income.
- Child age and gender.

The dependent variables were entered singly (one per regression analysis) and included all measures of child/adolescent behavioural adjustment:

- Affability.
- Resilience.
- Anxiety/depression.
- Opposition/defiance.
- Self-regulation.
- Aggression.

4.4.1 Affability

On the basis of the results of the correlational analyses, caregiving attitudes were entered at Step 1 when child affability was entered as the dependent variable. Table 19 presents a summary of the results of the first regression analysis. Caregiving attitudes alone accounted for 14.5% ($F(4, 152)=6.461$; $p < 0.000$) of the variance in affability, and expectations made a highly significant individual contribution to R^2 (Beta = 0.365; $p < 0.000$).

The inclusion of caregiver social support produced a non-significant increase in the accuracy of the model ($R^2 = 0.158$; $F(7, 149) = 4.007$; $p < 0.000$), while expectations continued to make a significant individual contribution to the variance in affability (Beta = 0.294; $p < 0.02$).

Child age and gender were entered at the next step, and produced a non-significant change in the model ($R^2 = 0.186$; $F(9, 147)=3.725$; $p < 0.000$), with child age (Beta = 0.190; $p < 0.03$), caregiver-child role reversal (Beta = - 0.239; $p < 0.03$) and caregiver expectations (Beta = 0.294; $p < 0.01$) making significant individual contributions to the accuracy of the regression model.

When household income and caregiver education were entered at the fourth step, the model explained 20.8% of the variance in affability ($F(11, 145)=3.471$; $p < 0.001$). Expectations (Beta = 0.299; $p < 0.01$) continued to make a significant contribution to the explanatory capacity of the model.

The inclusion of child social support variables produced a non-significant increase in the accuracy of the model ($R^2 = 0.213$; $F(14, 142)=2.751$); $p < 0.001$). Expectations (Beta = 0.290; $p < 0.02$) contributed significantly to the accuracy of the regression model at this step.

Direct and indirect exposure to violence was entered at the last step of the procedure, and produced a marginal increase in the predictive capacity of the model ($R^2 = 0.224$; $F(16, 140)=2.521$; $p < 0.001$). Expectations continued to make a significant unique contribution to the variance in affability (Beta = 0.299; $p < 0.01$).

The results reported here indicated the importance of caregiving attitudes, particularly parental expectations, in determining sociable behaviour patterns in participating children and adolescents.

4.4.2 Resilience

Parenting attitudes were once again entered as the first set of predictors when resilience was entered as the outcome variable. Table 20 presents the results of the regression analysis at each step. This set of predictors alone accounted for 16.6 % of the variance in resilience ($F(4, 152)=7.551$; $p < 0.000$). Parental expectations (Beta = 0.39; $p < 0.000$) and role reversal (Beta = - 0.260; $p < 0.01$) made significant individual contributions to the accuracy of the model at the first step.

The inclusion of social support for caregivers produced a non-significant increase in the explanatory capacity of the model ($R^2 = 0.193$; $F(7, 149)= 5.100$; $p < 0.000$). Role reversal (Beta = -0.279; $p < 0.006$) and expectations (Beta = 0.292; $p < 0.01$) continued to

make significant individual contributions to the variance in resilience. At this step, caregiver social activities also made a statistically significant contribution to the regression equation (Beta = -0.199; $p < 0.03$).

Approximately twenty-two percent of the variance in resilience was explained when household income and caregiver education were included at the third step ($F(9, 147)=4.522$; $p < 0.000$); with household income (Beta = 0.155; $p < 0.04$) role reversal (Beta = - 0.277; $p < 0.008$), expectations (Beta = 0.309; $p < 0.009$) and caregiver social activities (Beta = - 0.188; $p < 0.04$) each making significant individual contributions to the accuracy of the model.

When child gender and age were added to the regression equation at the next step, the model marginally increased in accuracy to 22.4% ($F(11, 145)=3.800$; $p < 0.000$), with role reversal (Beta = - 0.282; $p < 0.009$) and expectations (Beta = 0.304; $p < 0.01$) continuing to make significant unique contributions to the explanatory capacity of the regression model.

The inclusion of child social support at step 5 did not dramatically alter the predictive capacity of the regression equation ($R^2 = 0.235$; $F(14, 142)=3.114$; $p < 0.000$), or the individual contributions made by role reversal (Beta = - 0.280; $p < 0.01$) and expectations (Beta = 0.312; $p < 0.009$).

When direct and indirect exposure to violence were entered at the final step, a non-significant increase in R^2 occurred, rendering the predictors included in the final model accountable for 24.8% of the variance in resilience ($F(16, 140)=2.888$; $p < 0.000$) (role reversal: Beta = - 0.278; $p < 0.01$; expectations: Beta = 0.323; $p < 0.008$).

The results of this regression analysis suggested the importance of parenting attitudes, principally parental expectations and role reversal, in determining personal adaptability in this sample of children. In addition, these findings indicated the importance of household

income and parental participation in social activities in the development of resilient behavioural patterns.

4.4.3 Anxiety/depression

For the third hierarchical multiple regression procedure, anxiety/depression was entered as the dependent variable. Table 21 indicates the results of the regression analysis at each step. Based on earlier correlational analyses, child social support variables were entered as the first set of predictors, and accounted for 8.9% of the variance in anxiety/depression ($F(3, 153)=4.969$; $p < 0.002$), with family support making a significant individual contribution to the regression model (Beta = - 0.187; $p < 0.04$).

The inclusion of caregiver education and household income at step 2 produced a statistically significant change in the explanatory capacity of the model ($R^2 = 0.174$; $F(5, 151)=6.356$; $p < 0.000$), with each predictor producing significant individual effects (household income: Beta = - 0.200; $p < 0.009$; education: Beta = 0.250; $p < 0.001$).

A statistically significant increase in the accuracy of the model occurred when caregiving attitudes were entered at the third step ($R^2 = 0.333$; $F(9, 147) = 8.164$; $p < 0.000$). Household income (Beta = – 0.202; $p < 0.004$), caregiver education (Beta = 0.160; $p < 0.03$), role reversal (Beta = - 0.308; $p < 0.001$) and expectations (Beta = 0.312; $p < 0.001$) made significant individual contributions to the variance in anxiety/depression at this step.

The inclusion of caregiver social support only marginally increased the accuracy of the model to 35.2% ($F(12, 144)=6.523$; $p < 0.000$). Household income (Beta = - 0.201; $p < 0.004$), caregiver education (Beta = 0.172; $p < 0.021$), role reversal (Beta = 0.326; $p < 0.000$) and expectations (Beta = - 0.259; $p < 0.02$) continued to make statistically significant individual contributions to the regression equation.

Entering child gender and age caused a non-significant change in the explanatory power of the model ($R^2 = 0.361$; $F(14, 142)=5.722$; $p < 0.000$), and produced no substantial changes to the individual contributions of household income (Beta = - 0.210; $p < 0.003$), caregiver education (Beta = 0.159; $p < 0.04$), role reversal (Beta = 0.297; $p < 0.003$) and expectations (Beta = – 0.257; $p < 0.02$), which maintained statistical significance.

Approximately thirty-eight percent of the variance in anxiety/depression was explained by the model when direct and indirect exposure to violence were entered as predictors ($F(16, 140)=5.250$; $p < 0.000$). Household income (Beta = - 0.205; $p < 0.005$), role reversal (Beta = 0.300; $p < 0.002$), expectations (Beta = – 0.253; $p < 0.02$) and belief in physical punishment (Beta = - 0.242; $p < 0.04$) made significant unique contributions to the variance in anxiety/depression at the final step.

The results of the third regression analysis once again indicated the primary importance of parenting attitudes, particularly parental expectations and role reversal, in determining anxious and depressive behaviours in participating children and adolescents. In addition, the findings suggested that social support provision, especially family support, as well as household income and parental education, played important roles in determining internalising symptoms in this sample.

4.4.4 Opposition/defiance

Opposition/defiance was entered as the fourth outcome variable. Table 22 presents the results of the regression analysis at each step. On the basis of previous analyses, caregiving attitudes were entered at the first step, and accounted for 7.3% of the variance in opposition/defiance ($F(4, 152)=3.005$; $p < 0.02$), with belief in physical punishment making a unique contribution to the changes in outcome variable (Beta = - 0.264; $p < 0.05$).

When direct and indirect exposure to violence was entered as the second set of predictors, a statistically significant change in the accuracy of the model occurred ($R^2 = 0.114$; $F(6,$

150)=3.208; $p < 0.005$). At this step, caregiver belief in physical punishment continued to make a unique contribution to the variance in opposition/defiance (Beta = - 0.295; $p < 0.02$).

At step 3, household income and caregiver education were entered as predictors, which produced another statistically significant increase in the explanatory power of the model ($R^2 = 0.169$; F(8, 148)=3.758; $p < 0.000$). Education (Beta = – 0.219; $p < 0.007$), role reversal Beta = 0.221; $p < 0.04$) and belief in physical punishment (Beta = – 0.302; 0.02) made significant individual contributions to the variance in opposition/defiance at this point in the analysis.

The inclusion of child age and gender only marginally increased the explanatory capacity of the model ($R^2 = 0.178$; F(10, 146)=3.151; $p < 0.001$), while caregiver education (Beta = – 0.208; $p < 0.01$), role reversal (Beta = 0.247; $p < 0.02$) and belief in physical punishment (Beta = – 0.295; $p < 0.02$) each continued to make unique contributions to the variance in opposition/defiance.

When child social support was added at the next step, the model accounted for 18.9% (F(13, 143)=2.556; $p < 0.003$) of the variance in opposition/defiance. The contribution of indirect exposure, which was approaching statistical significance throughout the analysis, reached significance (Beta = 0.185; $p < 0.04$) at this step. Caregiver education (Beta = – 0.219; $p < 0.008$), role reversal (Beta = 0.229; $p < 0.04$) and belief in physical punishment (Beta = – 0.285; $p < 0.03$) continued to make individual contributions to the accuracy of the regression model.

The explanatory capacity of the regression model increased only marginally when caregiver social support was entered into the regression equation at the final step. The final model accounted for 19.1% (F(16, 140)=2.070; $p < 0.01$) of the variance in opposition/defiance, and selected predictors continued to make significant unique contributions (indirect exposure: Beta = 0.190; $p < 0.04$; household income: Beta = -

0.228; $p < 0.009$; role reversal: Beta = 0.231; $p < 0.04$; belief in physical punishment: Beta = - 0.281; $p < 0.03$).

The results of the fourth regression analysis pointed to the importance of parenting attitudes, household demographic characteristics and exposure to community violence in determining oppositional and defiant behavioural patterns in participating children and adolescents. Parental endorsement of physical punishment, caregiver education and indirect exposure to community violence were identified as particularly critical dimensions of each set of significant predictors.

4.4.5 Self-regulation

Self-regulation was entered as the fifth dependent variable. Table 23 presents the results of the regression analysis at each step. On the basis of the prior correlational analyses, caregiver attitudes were entered as the first set of predictors, and alone accounted for 19.3% of the change in self-regulation ($F(4, 152)=9.059$; $p < 0.000$). Role reversal (Beta = 0.223; $p < 0.03$), expectations (Beta = - 0.212; $p < 0.04$) and belief in physical punishment (Beta = - 0.277; $p < 0.03$) made significant individual contributions to the variance in self-regulation.

When child social support variables were entered at step 2, the accuracy of the model increased to 22.4% ($F(7, 149)=6.132$; $p < 0.000$). Role reversal (Beta = 0.202; $p < 0.04$), and belief in physical punishment (Beta = –0.280; $p < 0.02$) each continued to make unique contributions to the variance in self-regulation.

At step 3, caregiver social support was added to the regression equation, which produced a non-significant change in the explanatory power of the model ($R^2 = 0.249$; $F(10, 146)=4.853$; $p < 0.000$), and only marginal changes to the significant individual contributions made by role reversal (Beta = 0.229; $p < 0.02$) and belief in physical punishment (Beta = – 0.295; $p < 0.02$). At step 3, the individual contribution of caregiver social activities also reached statistical significance (Beta = 0.176; $p < 0.05$).

The inclusion of child age and gender at the next step produced another non-significant increase in the accuracy of the model ($R^2 = 0.263$; $F(12, 144)=4.278$; $p < 0.000$). Role reversal (Beta = 0.246; $p < 0.02$), and belief in physical punishment (Beta = - 0.283; $p < 0.02$) maintained statistical significance at this step of the procedure.

When household income and caregiver education were entered, the overall predictive power of the model increased to 28.4% ($F(14, 142)=4.015$; $p < 0.000$), with household income (Beta = - 0.154; $p < 0.04$) making a statistically significant unique contribution to the changes in self-regulation. Both role reversal (Beta = 0.229; $p < 0.03$) and belief in physical punishment (Beta = – 0.274; $p < 0.03$) retained their individual predictive capacity.

Direct and indirect exposure to violence was entered at the final step, which increased the explanatory power of the regression model to 29.1% ($F(16, 140)=3.596$; $p < 0.000$). Both role reversal (Beta = 0.231; $p < 0.03$) and belief in physical punishment (Beta = – 0 .286; $p < 0.02$) continued to make significant unique contributions to the variance in self-regulation.

The results of this regression analysis again indicated the primary importance of parenting attitudes, particularly role reversal and belief in physical punishment, in determining participants' capacity for behavioural regulation. In addition, the findings indicated the importance of parental engagement in social activities and household income in developing a capacity for self-regulation.

4.4.6 Aggression

The final hierarchical regression procedure performed included aggression as the outcome measure. Table 24 presents the results of this regression analysis at each step of the procedure. On the basis of prior correlational analyses, child social support was entered as the first set of predictors and alone accounted for 11% ($F(3, 153)=6.322$; $p < 0.000$) of the variance in aggression. Family (Beta = – 0.191; $p < 0.03$) and school (Beta

= - 0.190; $p < 0.04$) support both made significant contributions to the accuracy of the model.

The inclusion of parenting attitudes at the second step produced a statistically significant change in the explanatory power of the model ($R^2 = 0.314$; $F(7, 149)=9.723$; $p < 0.000$). Empathy, (Beta = - 0.231; $p < 0.04$) role reversal (Beta = 0.389; $p < 0.000$) and expectations (Beta = – 0.239; $p < 0.01$) made significant individual contributions to the variance in aggression at this point in the regression analysis.

At the next step, when caregiver social support variables were entered as predictors, role reversal (Beta = 0.406; $p < 0.000$) and expectations (Beta = - 0.224; $p < 0.04$) maintained significance, and the overall explanatory capacity of the model increased marginally to 32.4% ($F(10, 146)=6.985$; $p < 0.000$).

The inclusion of child age and gender once again only produced an insignificant change in the accuracy of the model ($R^2 = 0.336$; $F(12, 144)=6.067$; $p < 0.000$). Parental expectations (Beta = – 0.231; $p < 0.04$) and role reversal (Beta = 0.404; $p < 0.000$) retained their individual predictive capacity at this step.

The inclusion of household income and caregiver education marginally increased the accuracy of the model to 34.4% ($F(14, 142)=5.320$; $p < 0.000$). Role reversal (Beta = 0.399; $p < 0.001$) and expectations (Beta = - 0.245; $p < 0.03$) continued to make statistically significant individual contributions to the variance in aggression.

The inclusion of direct and indirect exposure to violence at the final step produced an insignificant increase in the overall explanatory capacity of the model ($R^2 = 0.354$; $F(16, 140)=4.786$; $p < 0.000$). Role reversal (Beta = 0.406; $p < 0.000$) and expectations (Beta = - 0.229; $p < 0.04$) retained their statistical significance at the final step of the analysis.

The results of the final regression analysis emphasised the importance of parenting attitudes, principally role reversal and parental expectations in determining aggressive behaviours in children and adolescents. Child social support, particularly family and school support, were also identified as important predictors of aggression.

The results of all regression analyses can be summarised as follows:

- *Affability*: Parenting attitudes was the only set of predictors to make a significant contribution to the variance in affability, accounting for 14.5% of the variance in this construct. Expectations made a significant contribution at every step of the regression procedure. Role reversal and child age made significant individual contributions when attitudes towards caregiving, and child age and gender were entered as predictors. The final model accounted for 22% of the variance in affability.
- *Resilience*: The most significant contribution to the variance in resilience was made by parenting attitudes, which accounted for 16% of the change in variance. Role reversal and expectations made significant unique contributions at each step of the regression procedure. When social support for caregivers was added to the regression equation, the individual contribution made by social activities reached statistical significance. Household income made a significant unique contribution when caregiver demographic variables were entered as predictors. The final model predicted 24% of the variance in resilience.
- *Anxiety/depression*: Parenting attitudes made the most significant contribution to the variance in anxiety/depression (16%). The inclusion of caregiver education and household income (9%), and child social support (8%) produced significant changes in the accuracy of the regression model. Role reversal and expectations consistently made significant individual contributions to the variance in anxiety/depression, while family support, caregiver education and household income, and belief in physical punishment intermittently contributed significantly to the explanatory power of the regression model. The final model accounted for 38% of the variance in anxiety/depression.
- *Opposition/defiance*: Parenting attitudes, household income, caregiver education and exposure to violence made significant contributions to the variance in opposition/defiance, accounting for 7%, 6% and 5% of the changes in variance respectively. Belief in physical punishment made a significant unique contribution at every step of the regression procedure. Role reversal, caregiver education and indirect

exposure to violence also made significant individual contributions to the regression model. The final model accounted for 19% of the variance in opposition/defiance.

- *Self-regulation*: Parenting attitudes was the only set of predictors to produce a statistically significant change in the accuracy of the regression model when self-regulation was entered as the dependent variable, accounting for 19% of the variance in this outcome measure. Role reversal and belief in physical punishment made statistically significant individual contributions at every step of the regression procedure. Caregiver expectations, household income and social activities also made significant individual contributions to the regression model. The final model accounted for 29% of the variance in self-regulation.
- *Aggression*: Parenting attitudes and child social support made significant contributions to the variance in aggression, accounting for 19% and 11% of the variability in this construct, respectively. Family and school support made unique contributions to the variance in aggression when child social support variables were entered as predictors. Role reversal and expectations consistently made significant unique contributions to the regression model, while parental empathy only made a significant individual contribution when child social support variables and parenting attitudes were entered as predictors. The final model accounted for 35% of the variance in aggression.

CHAPTER 5: Discussion and Conclusion

5.1 Direct relationships between exposure to community violence and child/adolescent adjustment

One of the most striking findings reported in this study is the lack of simple associations between exposure to violence and child/adolescent outcomes. This is particularly surprising since the children in this sample have been exposed to relatively high levels of violence in their neighbourhood, including witnessing or experiencing being chased, threatened, sexually assaulted and/or physically assaulted with a gun or knife. Ninety-eight percent of the participating children have witnessed at least one violent event in their community, and 26% have been directly exposed to at least one violent act in their community. Anecdotal evidence of children's perceptions of the prevalence of violence in their neighbourhood was provided in conversations with local children during the time the present research was conducted. Without exception, these conversations were characterised by children's experiences of violence. When asked to describe their neighbourhood, two eight-year-old boys living in Lavender Hill responded as follows:

"I don't like the fighting around here. They (gangsters) fight mostly around here and I tell my mommy...let's go live in Southfield because that place is quiet...there isn't so much noise there. They (gangsters) shoot guns a lot and they came and shot my family ...and they cut and shot my mommy."

"*I don't like the gangsters, they fight a lot. I get scared when the gangsters shoot guns around me."*

The lack of direct relationships between exposure to community violence and child outcomes could be attributable to the methodological limitations associated with the use of parental report instruments, the range of responses allowed by the categorical index of violence exposure used in the analysis, and/or the presence of one or more moderating factors which reduce the psychological effects of violence exposure on children. The

most likely explanation for the lack of relationships between direct and indirect exposure to violence and child and adolescent outcomes is the presence of moderating factors which ameliorate the detrimental effects of violence exposure on child and adolescent functioning. The results of this study suggest that factors other than direct and indirect exposure to community violence are crucial in determining child/adolescent adjustment.

Alternative explanations for the lack of linear associations between direct and indirect exposure to community violence and child and adolescent outcomes include the index of violence exposure used, and parents' completion of measures of child adjustment. Unlike the index of violence exposure measuring the frequency of children's exposure to violent events, the selected index was reliable but limited the range of participants' responses. The range of responses allowed by the categorical index of violence exposure reduced the likelihood of violence-related differences in child and adolescent behavioural adjustment. In addition, the exclusive reliance on caregivers for information on their children's behavioural adjustment has previously been criticised for attracting biased responses (Martinez & Richters, 1994). Caregivers participating in this study appeared apprehensive about the completion of the questionnaires; many expressed suspicion of the research purposes, and questioned the consequences of their participation, particularly, of the evaluation of their children's functioning. As noted by Barbarin & Richter (2001b), caregivers' perceptions of danger or threat, particularly in high-risk settings; and their different understandings of what constitutes a behavioural problem is likely to influence their responses. Perceptions of danger and threat, as well as distrust of the research process and its purposes increases the likelihood of positively biased caregiver responses. Consequently, the reported findings may be as much a product of parental stress as a reflection of children's adjustment.

Only two statistically significant violence-related findings emerged from the results of this study. Firstly, indirect exposure to violence was predictive of the development of oppositional and defiant behavioural patterns in all participating children and adolescents, although neither direct nor indirect exposure to violence predicted any other measure of child/adolescent adjustment. These results support previous research findings which

suggest an association between witnessing violent events and behavioural problems in children (Pynoos & Eth, 1987; Garbarino, 1992; Osofsky et al., 1994; Martinez & Richters, 1994; Osofsky, 1995; Hill, Levermore, Twaite & Jones, 1996). Barbarin & Richter (2001a) argue that frequent observations of aggressive or violent interactions, including criminal violence and punitive discipline, results in the perception that aggression/violence is a socially acceptable, rewarding means of resolving conflict, and has been associated with oppositional and defiant behaviour in South African children. Oppositional behaviour, bullying, social indifference and limited responsiveness to adult direction has been described as a pattern of adaption to persistent community danger (Barbarin & Richter, 2001b), and appear to be key symptoms of "Type II trauma" (e.g. Garbarino et al., 1992; Osofsky et al., 1994).

A positive association between indirect exposure to violence and opposition/defiance emerged in the correlational analysis, but only when gender was taken into account. High levels of indirect exposure to violence was associated with an increase in oppositional behaviour for boys. This gender difference in the relationship between exposure to community violence and behavioural adjustment is consistent with existing research findings. Previous research has indicated that boys living in high-violence South African communities engaged in more destructive, aggressive behaviours than boys from low-violence communities (Liddell et al., 1994). Boys are more likely to act impulsively, display anger, break things, withdraw, feel worthless, have difficulty concentrating, be disobedient, and have problems getting along with adults than girls (Barbarin & Richter, 2001a). In addition, in a recent comparison of behavioural adjustment in Ugandan, African American and South African youths, these authors' identified gender as an important determinant of problem behaviour in South African children. South African boys displayed more oppositional behaviour, including disobedience, breaking rules, destroying others' possessions, and bullying than girls (Barbarin & Richter, 2001a). South African children - particularly boys' - vulnerability to socially disruptive and oppositional behaviour has been attributed to the wave of violent criminal activity substituting political violence in South Africa. The history of violent opposition to political authority associated with the struggle against Apartheid; combined with high levels of physical

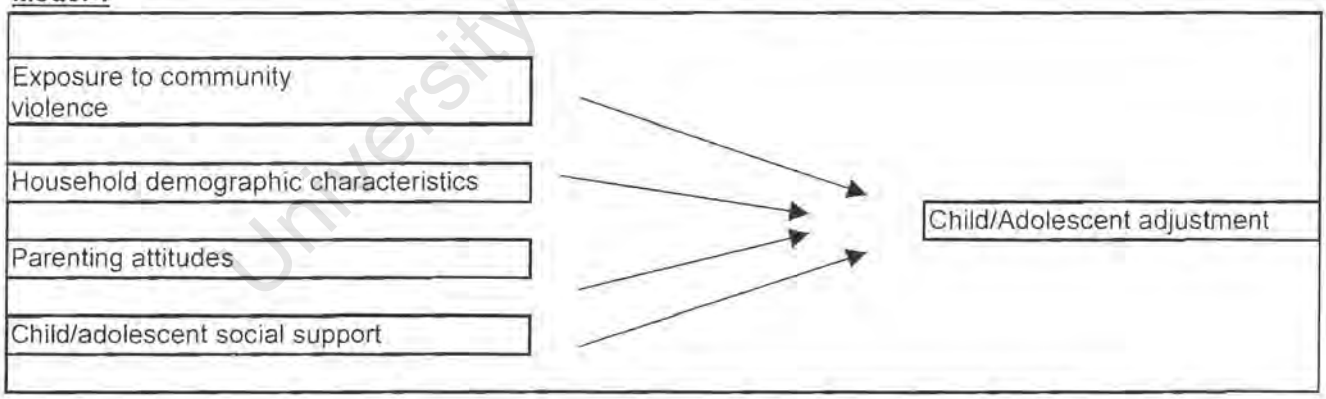
punishment at home and at school; and increasing criminal violence occurring in the contexts of child development, has placed children at risk for accepting violence and coercion as socially acceptable means of dealing with interpersonal conflict (Barbarin & Richter, 2001a). Since boys more frequently externalise, and girls more frequently internalise their distress, in accordance with gendered societal norms and prescriptions, boys are more likely to engage in oppositional, violent or coercive exchanges (Osofsky, 1995). As such, gender constitutes a risk factor for psychosocial maladjustment, particularly where poverty and violence characterises children's environments (Barbarin & Richter, 2001a).

Gender differences in levels and types of violence exposure were also evident in this study. Boys were exposed to violence both directly and indirectly more often than girls, with the exception of indirect exposure to physical assault, and direct exposure to sexual molestation and rape. In accordance with traditional gender expectations, boys are more likely to spend their free time outside the protection of their homes, therefore increasing the likelihood of exposure to a range of violent events in their community. A number of studies have reported higher levels of exposure to sexual violence for girls, however, higher rates of non-sexual violence exposure for boys has not been consistently replicated (Kaminer et al., 2000). Girls have repeatedly been identified as more vulnerable to sexual assault than boys, with the majority of studies finding that females are abused three to four times more than males (Putnam and Trickett, 1994; Kaminer et al., 2000). Consistent with other research findings (e.g. Putnam & Trickett, 1994), the results of this study also indicate that the perpetrator of sexual abuse was known to the child more often than not. The higher frequency of indirect exposure to physical assault for girls is somewhat more puzzling. Surprisingly, girls indicated being indirectly exposed to physical assault most frequently in community settings, not domestic settings, as anticipated. A speculative explanation for this finding is that girls may witness physical assault more frequently because the perpetrators of this kind of violence are less likely to fear intervention from a female spectator than from a male spectator. Contrary to expectations, no significant age differences in levels of exposure, or in the effects of exposure to violence were found.

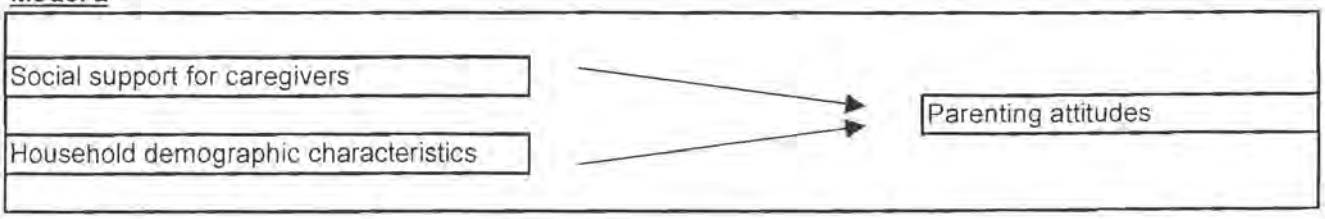
The second statistically significant violence-related finding emerging from this study was the association between direct exposure to violence and affability. High levels of direct exposure to community violence produced significantly lower affability scores in participating children and adolescents. Trauma-related increases in counterphobic and oppositional behaviour, and reductions in prosocial behaviour have frequently been reported (Bell & Jenkins, 1994; Osofsky et al., 1994). Persistent exposure to violence has been associated with a reduction in empathetic responding as children attempt to distance themselves from the victim/s and/or perpetrator/s, so desensitising themselves against the psychological effects of trauma (Garbarino et al., 1992; Osofsky et al., 1994). A capacity for empathetic responding has been identified as a prerequisite for prosocial behaviour (Eisenberg & Miller, 1987). Sociability or affability is also likely to reduce as violence-related post-traumatic effects increase. Social withdrawal has been described as a key symptom of post-traumatic stress reactions (Garbarino et al., 1992; Barbarin & Richter, 2001b).

5.2 Direct and indirect relationships between social support availability, parenting attitudes and child and adolescent adjustment

Model 1



Model 2



A number of direct and indirect relationships between community, parental and child variables emerged from this study in addition to the direct relationships between witnessing violence and opposition/defiance, and direct exposure to violence and affability. The hypothesised direct relationships presented above, depicted earlier in chapter 3, were largely confirmed by the results of this study. However, a number of variables also related indirectly to child and adolescent outcomes. Although the analyses used in this study could not determine whether the relationship between exposure to violence and child and adolescent adjustment was mediated or moderated by one or more community, parental or child variable/s included in this study, social support for caregivers was identified as mediating the relationship between parenting attitudes and child and adolescent outcomes.

5.2.1 Indirect relationships between social support, parenting attitudes and child/adolescent adjustment

The beneficial effect of perceptions of social support availability on participating caregivers' parenting ability and child and adolescent outcomes provided evidence for the stress-buffering hypothesis, which proposes that social support protects individuals from the negative effects of stressful events (Cohen & Wills, 1985). In this study, perceived social support for caregivers protected children from behavioural maladjustment by mediating the relationship between particular parenting attitudes and children and adolescents' internalising symptoms. More specifically, perceived social support for caregivers produced a significant reduction in children and adolescents' anxiety/depression scores through its positive association with parental empathy and its negative association with parental endorsement of physical punishment. This finding is consistent with those reported by Kessler & McLeod (1985), who provide evidence for the distinct effects of different components of functional support, reporting a main effect and no buffering effect for membership to social networks; but reporting buffering effects for emotional support and perceived availability of support.

Caregivers' engagement in social activities also mediated the relationship between parenting attitudes and children's anxiety/depression scores, but produced a stress-enhancing effect. Parental participation in social activities indirectly increased the risk of children and adolescents developing internalising symptoms through its negative association with parental empathy and positive association with parental belief in physical punishment. Research findings supporting the interaction between parental participation in social activities and parenting attitudes, and their combined effect on child behavioural adjustment are wanting, and thus, interpretations of this unusual finding are speculative. However, parental engagement in social activities may be reflective of a diminished interest in parenting, which affects children and adolescents' adjustment by reducing supportive parenting attitudes and increasing punitive attitudes.

The beneficial effects of perceptions of social support availability, and the detrimental effects of frequent engagement in social activities in determining the relationship between parenting attitudes and child and adolescent adjustment confirm the hypothesised importance of mediating variables in restricting or enhancing child behavioural outcomes. As previously indicated, the results of this study suggest that factors other than exposure to violence are crucial in determining child and adolescent adjustment. One of the limitations of this study was its inability to examine the potential mediating and/or moderating capacity of parenting attitudes and child social support in determining the relationship between exposure to community violence and child and adolescent outcomes. However, the significance of these factors in the lives of participating children was reflected in the frequency of direct relationships between parenting attitudes, child social support and measures of child and adolescent behavioural adjustment.

5.2.2 Direct relationships between social support, parenting attitudes and child/adolescent adjustment

A close bond with a primary caregiver, and the presence of supportive siblings and teachers have been identified as important protective factors in the lives of children

facing multiple risks (Werner, 2000). Social support has been directly associated with a reduction in child problem behaviours (Hill et al., 1996), and enhanced adjustment in children (Dubow & Tisak, 1989; Burchinal et al., 1996; McLeister Anan & Barnett, 1999). The results of this study indicated that high levels of family support protected both children and adolescents from behavioural maladjustment by predicting a reduction in anxious, depressive and aggressive behavioural patterns. Familial support has previously been related to a decrease in anxious, depressive and other problem behaviours (Hill et al., 1996). In addition, and in support of Werner's (2000) argument, high levels of school support was associated with an increase in affability, and a reduction in anxious and depressive behaviours in the younger cohort, and predicted reduced aggression in both age groups. School support has been identified as an important protective factor, particularly for younger children (Barbarin & Richter, 2001a).

The results of this study revealed age differences in the relationships between family, school and peer support for children and behavioural adjustment. Family support was more frequently associated with child outcomes in the younger cohort; relating to a reduction in anxiety/depression, behavioural dysregulation and aggression. Peer support did not relate significantly to any of the measures of child adjustment in the younger cohort, but was associated with a reduction in anxious/depressive behaviours and aggression in the older cohort, suggesting the increasing importance of peer support during adolescence. Age differences in the relationships between family support and child/adolescent outcomes are probably attributable to comparatively higher levels of child-family involvement during middle childhood. Adolescence is characterised by a gradual distancing or separation from the family, and is marked by a shift towards focussing on non-familial relationships. As noted by Cauce, Felner & Primavera (1982), the foremost developmental task of adolescence is to achieve autonomy, and to master this challenge, adolescents actively seek partners outside of their families. Consequently, although the support provided by the family remains important after early and middle childhood, children are expected to rely increasingly on peers for support during adolescence.

Gender differences in the relationships between child social support and child behavioural adjustment were also observed. Previous research findings have indicated that external (social) support benefits males more than to females, who rely more heavily on internal resources (Werner, 2000). Consistent with these findings, the results of this study indicate that social support related to more indices of behavioural adjustment for boys than for girls. Another interesting gender difference was in the sources of support provision. The only source of support to relate to behavioural adjustment in girls in both age groups was family support, whereas peer support related more often to behavioural adjustment in pre-adolescent and adolescent boys than any other type of support. Family support was associated with a reduction in anxious, depressive and aggressive behaviours, and an increase in self-regulation for girls; while peer support was associated with a reduction in anxious, depressive, aggressive and resilient behaviours, and an increase in self-regulation for boys. The reported reduction in resilience associated with high peer support is not surprising upon further examination. As noted by Cauce et al. (1982), children/adolescents who rely heavily on peer support are also likely to value peer group attitudes and norms more than those associated with any other potential support group. These children may be subjected to increased pressure to conform to peer group norms, which may or may not enhance prosocial behaviours. In accordance with traditional gender norms, membership to antisocial or deviant peer groups is a risk to behavioural adjustment more likely to affect boys. Adherence to deviant peer group norms has been associated with a reduction in prosocial behaviour and an increase in antisocial behaviour (Patterson et al., 1997). The importance of family support on girls' well-being could be explained by the gendered differentiation of social activities, and the location of these activities – girls are more likely to spend leisure time in their homes, with their families, whereas boys are more likely to engage in social activities beyond the confines of their homes, with their peers.

The importance of parenting attitudes in the lives of participating children and adolescents was expressed in the high frequency of direct relationships between parenting attitudes and child/adolescent outcomes. Caregivers' attitudes towards parenting were associated with more measures of child and adolescent adjustment than any other

variables included in this study. In addition, the significance of parenting variables in determining child and adolescent adjustment was illustrated by the potent predictive capacity of caregiving attitudes. The provision of consistent care by at least one effective caregiver – who receives adequate social support from significant persons outside of his/her immediate family – has previously been identified as the most predictive of positive child outcomes (Garbarino & Abramowitz, 1992; Masten & Coatsworth, 1998; Garbarino, 1999). South African research conducted by Barbarin & Richter (2001a) additionally indicated that strong, satisfying parent-child relationships, characterised by warmth, sensitivity and authoritative discipline were paramount in determining emotional and behavioural adjustment in children.

Parenting attitudes and parental emotional and motivational states indirectly impact on child competence by determining levels of parental engagement in developmentally appropriate, responsive and sensitive behaviour towards children (Gillis-Arnold et al., 1998; Barbarin & Richter, 2001b). Different caregiving attitudes were differentially related to measures of child/adolescent adjustment. Caregiver-child role exchange and developmentally inappropriate parental expectations were the most predictive dimensions of parenting attitudes in determining child/adolescent behavioural adjustment. Caregiver-child role reversal was identified as fulfilling both risk and protective functions, depending on the measure of child/adolescent adjustment being investigated. Although parent-child role exchange was identified as a risk factor for the development of anxious and depressive behavioural patterns, role reversal was also predictive of increases in affability and resilience, and reductions in aggression and opposition/defiance in participating children and adolescents. These results suggest that parent-child role exchange benefits children in both age groups by enhancing sociability and personal adaptability, and inhibiting the development of antisocial response patterns. Possibly, children's fulfillment of adult roles accelerates their maturation and increases self-reliance, which may facilitate (short-term) increases in behavioural adjustment. Social and emotional maturity has previously been identified as a key characteristic of resilient children (Werner & Smith, 1989). However, the results of this study also indicate that the beneficial effects of parent-child role exchange on child/adolescent outcomes is

accompanied by an increase in internalising symptoms, suggesting the "cost" of prematurely fulfilling adult roles. The findings reported here are consistent with previous research findings which indicated that children's fulfillment of parental needs, in exchange for increased familial cohesion, parental warmth and approval, was associated with accelerated maturation in children facing multiple risks (Radke-Yarrow & Sherman, 1992). Significantly, these authors emphasise that the children who achieve emotional, social and behavioural competence despite cumulative risk are not invulnerable, but succeed at a tremendous psychological cost. Due to the presence of unique signs of the cost of coping, the achievement of emotional, social and behavioural competence in prematurely self-sufficient children was expected to be temporary (Radke-Yarrow & Sherman, 1992).

Like role-reversal, age-inappropriate parental expectations represent developmentally insensitive and inappropriate demands of children, and has been identified as constituting a risk to child behavioural adjustment (Gillis-Arnold et al., 1998). Age-inappropriate parental expectations was predictive of higher levels of aggressive, anxious and depressive behaviours; and fewer affable and resilient behaviours in participating children and adolescents. These results suggest that age-inappropriate parental responses facilitate a reduction in prosocial behaviours, specifically, children and adolescents' capacity to adapt to changing circumstances and exhibit sociability; and an increase in anxious, depressive and antisocial behavioural patterns. The role played by developmentally inappropriate parental expectations in determining child and adolescent adjustment may be reflective of caregivers directing the emotional energy available to children towards meeting challenges beyond their developmental capacity. Consequently, the behavioural pattern exhibited by participating children may constitute a stress-response to parental failure to meet their developmental needs, as well as a behavioural expression of resistance to age-inappropriate demands for developmental task accomplishment.

Empathetic parenting attitudes were associated with a decrease in deficits in self-regulation, and predicted a reduction in aggression in both age groups. There are two

possible explanations for the relationships between parental empathy and behavioural dysregulation and aggressive behaviours in children and adolescents. Firstly, as previously described, research has indicated a relationship between empathy and prosocial behaviour; specifically, that a capacity for empathetic responding is a key pre-requisite for the activation of a range of socially desirable responses (Barnett, 1987; Eisenberg & Miller, 1987). Consequently, empathetic caregivers are more likely to engage in prosocial, non-aggressive responding, providing their children with opportunities to observe socially desirable behaviours, which they acquire through modeling. Secondly, parental sensitivity and empathetic responsiveness - by making children feel important and understood - has been identified as determinative of enhanced socio-emotional functioning in children (McLoyd, 1995; Osofsky & Thompson, 2000). Children's perceptions of parental interest, involvement and emotional responsiveness to their initiatives are particularly important for enhancing the likelihood of emotional and behavioural adjustment, including inhibiting aggressive behaviours and increasing impulse control (Barbarin & Richter, 2001a).

In support of a number of research findings (e.g. McLoyd, 1995; Patterson et al., 1997), the results of the present study indicated that parental endorsement of physical punishment predicted oppositional behaviour in both age groups, and related to behavioural dysregulation and aggression in the younger group. Punitive discipline has previously been associated with more argumentative, volatile and negativistic behaviour among younger children, and increased delinquency and socio-emotional distress among adolescents (McLoyd, 1995). The findings of this study lend support to researchers focused on the socialisation of aggression and oppositional behaviour patterns in children, including Patterson et al. (1997), whose developmental theory on aggression states that harsh discipline is a key determinant of antisocial tendencies in children.

The relationships between parental endorsement of physical punishment and child and adolescent outcomes are contrary to research findings proposing a positive association between authoritarian and punitive parenting attitudes, demonstrated in parental restrictiveness, enforcement of obedience, vigilance and strict monitoring of child

activities, and developmental competence in children growing up in high-risk settings (Baldwin, Baldwin & Cole, 1992). Previous research findings indicated that authoritarian and punitive parenting attitudes only related to developmental competence in children from high-risk contexts, whereas for families situated in low-risk settings, child developmental competence related to democratic or egalitarian parenting (Baldwin, Baldwin & Cole, 1992). Punitive, restrictive parenting attitudes and behaviours, which may serve to protect children from immediate dangers in high-risk communities, may facilitate a short-term enhancement in children's functioning, but could equally result in children living with the long-term consequences of developmental impairment (Barbarin & Richter, 2001a). The negative association between parental endorsement of physical punishment and child adjustment reported in this study fails to lend support to previous research evidence of associations between punitive parenting attitudes and either short-term or long-term behavioural competence in children living in high-risk settings.

Age differences in the relationships between caregiving attitudes and child/adolescent adjustment were observed. Parenting attitudes related more frequently to measures of behavioural adjustment in the younger cohort, which is probably representative of relatively higher levels of caregiver-child involvement occurring during pre-adolescence. Gender differences in the relationships between caregiving attitudes and child and adolescent behavioural adjustment also emerged. Parenting attitudes, particularly belief in physical punishment and empathetic responding, were related more frequently to child outcomes for boys than for girls. The higher frequency of associations between an empathetic parental attitude and positive child outcomes for boys is contrary to the gender differences reported by Werner & Smith (1989) and Pianta et al. (1992) who emphasise the importance of primary caregivers' capacity for emotional responsiveness in determining girls' competence. The higher frequency of relationships emerging between parental endorsement of physical punishment and behavioural maladjustment for boys could be attributed to males' traditionally higher levels of exposure to physical punishment.

5.3 Direct relationships between household demographic characteristics and child/ adolescent adjustment

Thus far, the direct relationships between exposure to community violence and child and adolescent outcomes, as well as the direct and indirect relationships between child and parental social support availability, parenting attitudes and child and adolescent outcomes have been discussed. However, an additional set of variables emerged as direct indicators of child and adolescent outcomes. Economic disadvantage and selected sociodemographic characteristics associated with poverty were examined in this study to determine their association with child and adolescent behavioural adjustment. The investigation of household demographic characteristics was based on evidence of the frequent co-occurrence of economic disadvantage and community violence, and the known detrimental effects of material disadvantage on child adjustment (McLoyd, 1995; Barbarin & Richter, 2001a). Household demographic characteristics, including household income, family structure and composition, and parental education influence children indirectly through affecting family functioning and caregivers' ability to meet children's basic physical and psychological needs (Leadbeater & Bishop, 1994; Leventhal et al., 1997). In addition, poverty directly impacts on child outcomes by reducing children's access to expectable opportunities (Garbarino & Abramowitz, 1992).

In this study, household income and parental education were the most important demographic determinants of child/adolescent outcomes. Income was not associated with parenting attitudes, but did relate to child outcomes, particularly the behavioural adjustment of younger children. Young children are more vulnerable to the deleterious effects of poverty because they spend most of their time within the confines of the home with their family, and thus experience a lack of household resources most acutely (Barbarin & Richter, 2001a). The lack of association between income and attitudes towards caregiving, particularly endorsement of physical punishment, is contrary to a number of research findings. Poverty has previously been associated with punitive, unsupportive and inconsistent parenting (Leadbeater & Bishop, 1994; McLoyd, 1995).

The lack of relationships between household income and parenting attitudes reported in this study may be attributable to the socio-demographic homogeneity of the sample. The income range of participating households was small, and thus, participating families were similarly poor, which reduces the likelihood of significant income-related differences in parenting attitudes. In addition, one or more protective factors, operating at familial and/or community level may have reduced the negative effects of economic disadvantage on parenting attitudes and behaviours.

Consistent with research findings which suggest a link between adequate material resources and child adjustment (McLoyd, 1995), satisfactory household income predicted a reduction in anxious and depressive behaviours and behavioural dysregulation, and an increase in resilience in both cohorts. These findings indicate that poverty affects children by reducing their capacity for behavioural regulation, inhibiting personal adaptability and increasing internalising symptoms. Poverty-related socio-emotional problems in children have previously been reported (McLoyd, 1995), and may be an indirect effect of observations or perceptions of money-related parental stress, or a direct effect of the scarcity of resources and lack of opportunities characterising high-risk neighbourhoods. Barbarin & Richter (2001b) describe poverty as a risk factor for the development of anxiety and depressive disorders, as well as externalising symptoms, including impulse control (Barbarin & Richter, 2001a). Economic hardship has been found to result in a preoccupation with physical survival and limited investment in the development of controlled, empathetic behaviour and cooperative social relations (Barbarin & Richter, 2001a). These authors argue that the adaptational demands poor children are faced with delay their acquisition of emotional and behavioural regulation, which is considered the foundation of behavioural adjustment. In addition, the relationship between poverty and child resilience replicates previous research findings which provide evidence of lower resilience in children from households with low levels of consumer goods (Barbarin & Richter, 2001a).

Family structural and demographic characteristics placing caregivers at risk for unsupportive parenting/caregiving behaviours include single parenthood and low

maternal/primary caregiver education (Aber, Gephart, Brooks-Gunn & Connell, 1997). Levels of education are characteristically associated with particular values, attitudes and access to information, which influence caregivers' problem-solving skills and the socialisation of their children (Barbarin & Richter, 2001a). Higher levels of parental education has been associated with the use of more supportive caregiving practices and child developmental competence (Beale Spencer et al., 1997; Leventhal et al., 1997). Consistent with the reported findings, caregiver education was associated with more supportive parenting through its inverse relation to caregiver-child role reversal.

Primary caregiver education has been identified as a crucial protective factor for children living in high-risk contexts (Werner, 2000). Contrary to expectations, primary caregiver education was a key predictor of anxious, depressive and oppositional behavioural patterns in children and adolescents participating in this study. Caregivers' receipt of formal education has previously been linked to higher quality home learning environments, cognitive stimulation and prosocial skill development in children (e.g. Leadbeater & Bishop, 1994; Beale Spencer et al., 1997; Leventhal et al., 1997). However, the present findings indicate that parental education inhibits the development of prosocial behaviours, and increases the likelihood of children developing anxious, depressive, oppositional and aggressive behavioural patterns. Two additional findings make the negative association between parental education and child/adolescent adjustment particularly surprising. Firstly, parental education was associated with an increase in household income, which was identified as protecting children and adolescents from behavioural maladjustment. In addition, parental education related to parental employment, which was associated with enhanced adjustment in children and adolescents. In the absence of constraints such as sample size, the use of a multivariate analysis of variance would have been useful to determine possible interactions between multiple demographic variables, and so clarify some of the perplexing findings reported above.

A speculative interpretation of the unexpected role played by parental education in determining child and adolescent outcomes is that parental educational attainment

increases behavioural maladjustment in children and adolescents through its association with higher, or unattainable parental expectations of scholastic achievement. In addition, feelings of anxiety and hopelessness related to parental levels of education are particularly understandable in communities characterised by low educational accomplishment. The higher frequency of relationships between parental education and adolescent outcomes provides supportive evidence for the speculative association between parental educational expectations and behavioural maladjustment. Parental expectations of scholastic attainment are expected to increase as children approach adolescence; a period characterised by a high risk of school-leaving, particularly in economically disadvantaged neighbourhoods.

Caregiver employment has been identified as a protective factor in the lives of children in economically disadvantaged families (Leventhal et al., 1997). The results of this study indicate that parental employment increases unsupportive parenting attitudes, but nonetheless enhances behavioural adjustment in children. Employed caregivers were significantly less empathetic towards their children and endorsed caregiver-child role exchange significantly more frequently than unemployed caregivers. However, the children of employed parents displayed significantly less anxious and depressive behaviours than the children of unemployed caregivers; a finding which is a likely function of the positive relationship between parental employment and satisfactory household income, and the reported associations between adequate household income and enhanced child and adolescent adjustment. The data seem to indicate that the beneficial effects of parental employment on child behavioural adjustment, possibly through its association with increased household income, is more important in determining child outcomes than the detrimental effects of parental employment on parenting attitudes in determining child and adolescent adjustment.

Although single parenthood was not a risk factor for the development behavioural maladjustment in either cohort, a statistically significant interaction between parental marital and employment status and the endorsement of physical punishment emerged from the results of this study. Married or co-habiting caregivers who were unemployed

endorsed the use of physical punishment the least frequently. Previous research findings have indicated that married/co-habiting caregivers receive more support than single or divorced caregivers, which reduces stress-related caregiver irritability and punitive parental behaviour (Flowers et al., 1996). In addition, intimate support (provided by a spouse or partner) has been established as the best predictor of competent mother-child interactions (Crnic et al., 1986). Provided basic household needs are met, parental unemployment may also prove beneficial to children by allowing caregivers the time and energy to commit to full-time and supportive parenting.

Small family size has been identified as an important protective factor for children growing up in high risk settings (Werner, 2000). However, the relationship between family size and structure and primary caregiver/child outcomes has not been consistently replicated. Neither household size, nor household composition were related to child behavioural adjustment in either cohort, except when gender was taken into account. An increase in the number of children per household was associated with an increase in affability and resilience, and a decrease in anxious and depressive behaviours for boys. Speculatively, as the number of children per household increase, the potential for social interaction increases, which is likely to facilitate enhanced sociability and related behaviours in children. This is likely to be particularly true for boys, who traditionally have more time to participate in age-appropriate social activities than girls, who are often responsible for assisting caregivers in fulfilling domestic responsibilities. The lack of associations between household size and composition for the rest of the sample, despite reasonable variability among households, is consistent with findings reported by Barbarin & Richter (2001a), who found no relationship between family size or composition and the functioning of South African children. Burchinal et al. (1996) also report finding no association between family composition and child outcomes.

Particular parenting attitudes were associated with household size, specifically, by the number of children per household. As the number of children increased, age-inappropriate caregiver expectations of children decreased. The association between household size and developmentally appropriate expectations of children may be

attributable to siblings, and other children within the household, fulfilling caregiving roles, and so assisting primary caregivers with parenting responsibilities. Child-care assistance has been related to more democratic parenting (Hashima & Amato, 1994). The frequency and importance of substitute caregiving provided by other children should not be underestimated. Substitute or supplemental caregiving provided by siblings has been identified as particularly beneficial to children whose families are situated in high-risk contexts (Werner, 2000).

5.4 Conclusion

This study aimed to investigate the relationships between selected community, parental and child factors, and determine their distinct and combined contributions to child and adolescent behavioural adjustment. A number of direct indicators of child and adolescent adjustment emerged from this study, including direct and indirect exposure to community violence, household demographic characteristics, parenting attitudes and child social support. Overall, the present results indicated that factors other than violence-exposure, particularly parenting attitudes, were crucial in determining child and adolescent adjustment. Despite high levels of exposure to violence, participating children in both cohorts displayed less violence-related behavioural disturbances than expected.

One of the major limitations of this study was the sample size, combined with the number of variables selected for investigation. These constraints inhibited an extensive examination of possible interactions occurring between the determinants of child and adolescent adjustment, and thus prevented the construction of a comprehensive theoretical model comprising both direct and indirect inter-relationships between the variables contributing to child and adolescent outcomes. However, one finding which moves beyond a main effects model to examine risk and protective processes was the set of interactions observed between parental social support availability, parenting attitudes and child and adolescent outcomes. This finding emphasises the importance of examining indirect determinants of child outcomes, including mediating and moderating variables. Although not tested, it is proposed that supportive parenting attitudes and social support

in particular may serve protective functions in the lives of children growing up in high-risk neighbourhoods, moderating the association between violence-exposure and child maladjustment.

The task for future researchers is to develop more comprehensive and complex models of the factors contributing to child and adolescent adjustment. Research addressing resiliency factors in high-violence South African contexts is needed, particularly research focused on the discrete and combined effects of community and familial processes in influencing child outcomes. Indirect and direct relationships between community, parental and child variables should be determined to develop a fuller understanding of the associations between factors operating at different ecological levels and their effects on child and adolescent functioning.

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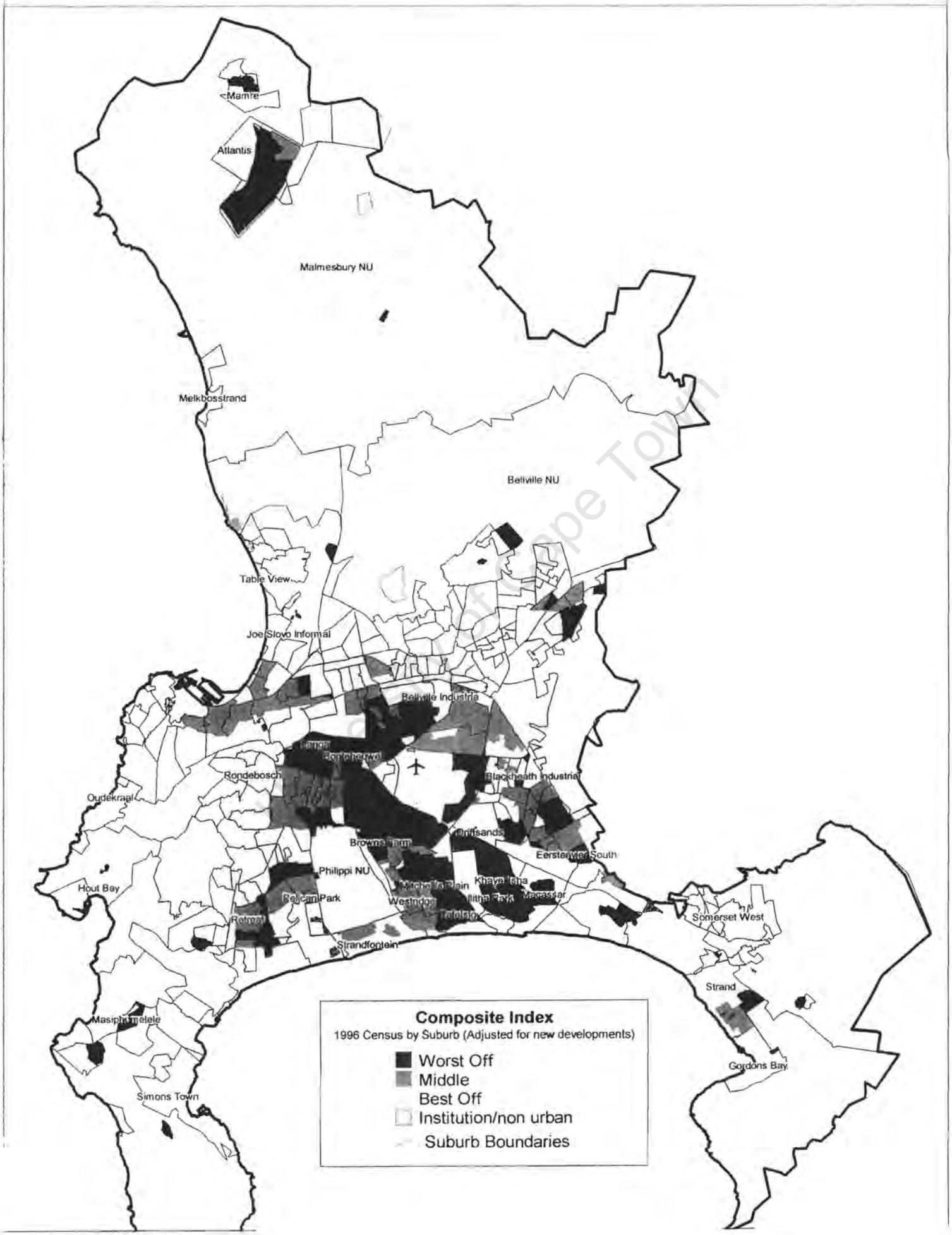
APPENDIX I

South African Population Census Data

South African Police Services Crime Statistics

SOCIO - ECONOMIC STATUS BY SUBURB - CITY OF CAPE TOWN

Compiled by Urban Policy Unit from 1996 Census data adjusted for new developments



Police Distance	Populatio	No of Cases of Attempted Murder	Attempted Murder rate per 100 000	No of Cases of Murder	Murder rate per 100 000	No of Cases of Other Robbery	Other Robbery rate per 100 000	No of Cases of robbery with aggravating circumstances	Robbery with aggravating circumstances rate per 100 000	No of cases of Public Violence	Public Violence rate per 100 000	No of cases of rape and attempted rape	Rape and attempted rape rate per 100 000	No of Cases of Intercourse with a girl under age / female imbecile	Intercourse with a girl under age / female imbecile rate per 100 000	No of cases of Indecent assault	Indecent assault rate per 100 000	No of cases of common assault	Common assault rate per 100 000	No of cases of cruelty towards children	Cruelty towards children rate per 100 000	No of cases of kidnapping
ATHLONE	64680	70	108	43	66	166	256	121	187	6	9	36	56	1	2	11	17	368	569	3	5	7
ATLANTIS	63870	66	103	47	73	213	333	40	62	2	3	134	210	2	3	48	75	1033	1617	21	33	7
BELLVILLE	54440	20	37	11	20	129	237	148	271	6	11	40	73	1	2	14	25	407	747	0	0	7
BELLVILLE SOUTH	107934	258	239	127	117	319	296	258	239	18	16	206	190	11	10	76	70	1019	944	22	20	17
BISHOP LAVIS	106550	222	208	82	76	404	379	338	317	5	5	141	132	4	3	76	71	795	746	19	17	18
BRACKENFELL	23736	12	50	16	63	23	96	33	139	1	4	29	122	1	4	12	51	213	897	1	4	2
CAMPS BAY	5152	3	58	2	39	6	116	16	310	0	0	8	155	0	0	2	39	47	912	0	0	1
CAPE TOWN CENTRAL	37291	54	144	39	104	1284	3443	406	1088	3	8	83	222	1	3	39	104	814	2182	1	3	17
CLAREMONT	31680	12	37	7	22	114	359	115	363	0	0	15	47	2	6	19	60	182	574	1	3	1
DIEPRIVER	31811	12	37	2	6	31	97	61	191	0	0	9	28	1	3	10	31	160	502	0	0	1
DURBANVILLE	44804	14	31	11	24	18	40	15	33	0	0	19	42	0	0	4	9	108	241	1	2	1
ELSIES RIVER	67014	258	385	80	119	230	343	307	458	4	6	118	176	4	6	30	44	680	1014	19	28	20
FISH HOEK	19714	5	25	1	5	8	40	7	35	0	0	2	10	0	0	9	45	69	350	1	5	1
GOODWOOD	44450	12	27	8	18	76	170	85	191	0	0	20	45	0	0	24	54	301	677	2	5	6
GORDONS BAY	8824	3	34	1	11	7	79	5	57	0	0	8	90	1	11	2	22	109	1235	0	0	0
GRASSY PARK	94664	75	79	27	28	160	169	104	109	2	2	83	87	1	1	42	44	537	567	8	8	7
GUGULETU	114459	160	139	171	149	327	285	415	362	4	3	213	186	0	0	7	6	347	303	9	7	18
HOUT BAY	20081	14	69	19	94	16	79	9	45	1	5	36	179	2	10	12	59	189	941	1	5	0
KENSINGTON	26478	59	222	16	60	54	203	56	211	2	8	16	60	3	11	12	45	192	725	0	0	3
KHAYELITSHA	265330	225	84	342	129	291	109	624	235	4	2	441	166	0	0	14	5	448	168	34	12	37
KIRSTENHOF	27022	14	52	9	33	47	173	40	148	0	0	27	99	0	0	16	59	158	584	1	4	1
KRAAIFONTEIN	102028	106	104	128	125	227	222	156	153	4	4	144	141	0	0	39	38	1247	1222	9	8	5
KUILSRIVER	153150	140	91	104	68	415	270	309	201	6	4	261	170	1	1	58	37	1499	978	24	16	17
LANGA	47178	77	163	57	120	166	351	115	243	8	17	86	182	0	0	1	2	209	443	3	6	3
LANSDOWNE	48190	34	70	12	24	91	188	76	157	0	0	27	56	1	2	10	21	193	400	3	6	5
MACASSAR	30074	16	53	26	86	44	146	29	96	2	7	50	166	0	0	19	63	301	1000	1	3	0
MAITLAND	13539	20	147	13	96	95	701	98	724	0	0	35	258	2	14	12	88	171	1263	1	7	4
MANENBERG	78953	142	180	76	96	273	345	208	263	4	5	102	129	1	1	47	59	553	700	8	10	12
MELKBOSSTRAND	7027	5	71	1	14	0	0	6	85	0	0	6	85	0	0	4	57	73	1039	0	0	3
MILNERTON	46466	32	68	31	68	39	81	87	187	2	4	30	64	1	2	28	60	309	665	1	2	2
MITCHELLS PLAIN	269248	441	163	175	64	856	317	660	245	18	6	358	132	7	3	194	72	2439	905	27	10	19
MOWBRAY	11836	11	92	4	33	56	473	65	549	0	0	10	84	0	0	1	8	80	675	0	0	3
MUIZENBERG	28092	25	89	12	42	76	270	51	181	1	4	41	145	1	4	20	71	228	811	3	10	1
NYANGA	116710	210	179	190	162	253	216	328	281	7	6	235	201	1	1	3	3	273	233	7	6	18
OCEAN VIEW	20783	4	19	17	81	13	62	11	52	2	10	36	173	1	5	12	57	224	1077	5	24	0
PAROW	47906	22	45	18	37	131	273	121	252	0	0	29	60	0	0	29	60	360	751	2	4	5
PHILIPPI	46193	77	166	47	101	104	225	97	210	0	0	63	136	1	2	16	34	403	872	7	15	2
PINELANDS	18212	9	49	5	27	68	373	110	603	2	10	10	54	0	0	2	11	105	576	0	0	3
RAVENSMEAD	56370	107	190	56	99	70	124	172	305	2	4	97	172	1	2	34	60	475	842	14	24	7
RONDEBOSCH	18423	5	27	3	16	71	385	53	287	1	5	8	43	0	0	1	5	49	265	0	0	0
SEA POINT	23632	9	38	14	59	118	499	69	292	1	4	31	131	1	4	12	50	228	964	2	8	7
SIMON'S TOWN	7780	1	13	3	38	5	64	5	64	0	0	7	90	0	0	4	51	49	630	0	0	1
SOMERSET WEST	41292	16	38	23	56	50	121	37	89	3	7	36	87	3	7	12	29	239	578	2	5	1
STEENBERG	**67125**	**63**	**93**	**28**	**41**	**98**	**145**	**80**	**119**	**5**	**7**	**85**	**127**	**4**	**6**	**47**	**70**	**421**	**627**	**2**	**3**	**12**
STRAND	52973	43	81	52	98	93	175	64	120	18	34	83	157	2	4	20	38	591	1116	5	9	2
TABLE BAY HARBOUR	0	5	0	7	0	27	0	22	0	0	0	4	0	0	0	4	0	108	0	0	0	0
TABLE VIEW	26646	7	26	4	15	13	48	21	78	15	56	15	56	0	0	3	11	127	476	1	4	1
WOODSTOCK	28542	29	101	28	98	287	1005	213	746	2	7	21	73	0	0	9	31	254	889	1	4	6
WYNBERG	28402	14	49	11	38	53	186	55	193	2	7	28	95	0	0	10	35	215	757	1	4	3

Police District	Kidnapping rate per 100 000	No of cases of abduction	Abduction rate per 100 000	No of cases of assault to inflict grievious bodily harm	Assault to inflict grievious bodily harm rate per 100 000	No of cases of business burglary	Business burglary rate per 100 000	No of cases of Residential burglary	Residential burglary rate per 100 000	No of cases of stock theft	Stock theft rate per 100 000	No of cases of theft of motor vechicle and motorcycles	Theft of motor vechicle and motorcycles rate per 100 000	No of cases of theft out of or from motor vehicles	Theft out of or from motor vehicles rate per 100 000	No of cases of theft not mentioned elsewhere	Theft not mentioned elsewhere rate per 100 000
ATHLONE	10	4	6	163	252	246	380	431	666	1	2	239	369	707	1093	715	1105
ATLANTIS	11	5	8	449	703	244		576	901	24	37	44	69	246	385	763	1195
BELLVILLE	12	11	20	121	222	625	1148	933	1714	0	0	559	1027	1302	2391	2235	4105
BELLVILLE SOUTH	15	18	17	911	844	249	231	1269	1175	1	1	152	140	679	629	1401	1296
BISHOP LAVIS	16	10	9	494	464	428	401	806	756	0	0	195	183	1070	1004	2074	1947
BRACKENFELL	8	1	4	54	227	187	787	482	2030	3	12	202	851	294	1238	737	3104
CAMPS BAY	19	1	19	8	155	20	388	147	2853	0	0	84	1630	492	9549	338	6560
CAPE TOWN CENTRAL	46	16	42	304	815	898	2408	1198	3212	0	0	968	2595	7979	21396	4540	12174
CLAREMONT	3	4	12	52	164	243	767	920	2904	0	0	556	1755	2493	7869	1738	5486
DIEPRIVER	3	0	0	22	69	120	377	722	2269	0	0	238	748	639	2008	635	1996
DURBANVILLE	2	2	4	72	160	118	263	624	1392	30	67	147	328	264	589	543	1211
ELSIES RIVER	30	11	16	512	764	370	552	451	672	0	0	120	179	657	980	1247	1860
FISH HOEK	5	2	10	10	50	67	339	436	2211	3	15	90	456	320	1623	373	1892
GOODWOOD	13	4	9	59	132	181	407	438	985	0	0	409	920	614	1381	1011	2274
GORDONS BAY	0	1	11	33	373	60	680	252	2855	6	68	38	430	186	2107	314	3558
GRASSY PARK	7	7	7	299	315	192	202	832	878	2	2	152	160	808	853	938	990
GUGULETU	15	7	6	917	801	63	55	428	373	4	3	107	93	127	110	603	526
HOUT BAY	0	5	24	84	418	69	343	400	1992	0	0	41	204	479	2385	361	1798
KENSINGTON	11	4	15	96	362	161	608	176	664	0	0	41	154	346	1306	375	1416
KHAYELITSHA	14	13	5	1605	680	65	24	898	338	10	4	199	75	230	87	932	351
KIRSTENHOF	4	0	0	77	284	157	581	507	1876	1	4	160	592	685	2534	490	1813
KRAAIFONTEIN	5	11	10	715	700	169	165	1073	1051	34	33	145	142	541	530	1473	1443
KUILSRIVER	11	34	22	1254	818	427	278	1842	1202	13	8	379	247	805	525	2210	1443
LANGA	6	1	2	523	1108	49	103	267	565	1	2	42	89	80	169	349	739
LANSDOWNE	10	6	12	91	188	231	479	787	1633	0	0	196	406	664	1357	631	1309
MACASSAR	0	3	10	134	445	90	299	178	591	9	30	17	56	103	342	215	714
MAITLAND	30	3	22	98	723	427	3153	280	2068	0	0	138	1019	497	3670	895	6610
MANENBERG	15	2	2	490	620	244	309	591	748	2	3	95	120	440	557	817	1034
MELKBOSSTRAND	42	0	0	36	512	26	355	125	1778	5	71	30	426	53	754	123	1750
MILNERTON	4	7	15	102	219	348	749	848	1825	2	4	367	789	626	1347	1035	2227
MITCHELLS PLAIN	7	40	14	883	327	556	206	2694	1000	1	0	675	250	2729	1013	3250	1207
MOWBRAY	25	2	17	20	168	109	930	518	4376	0	0	253	2137	743	6277	425	3590
MUIZENBERG	4	0	0	109	388	105	373	586	2086	3	10	152	541	716	2548	621	2210
NYANGA	15	10	8	699	599	92	78	367	314	12	10	94	80	108	92	456	390
OCEAN VIEW	0	2	10	67	322	88	423	214	1029	1	5	8	38	191	919	200	962
PAROW	10	6	12	68	141	358	768	607	1267	0	0	441	920	960	2003	1228	2563
PHILIPPI	4	3	6	259	560	143	309	356	770	21	45	44	95	300	649	524	1134
PINELANDS	16	0	0	43	236	262	1438	515	2827	0	0	146	801	601	3300	780	4283
RAVENSMEAD	12	6	10	589	1044	169	299	312	553	1	2	66	117	272	482	642	1139
RONDEBOSCH	0	1	5	12	65	81	439	548	2974	0	0	372	2019	1228	6665	751	4076
SEA POINT	29	2	8	77	325	154	651	655	2771	0	0	425	1798	2421	10244	1190	5035
SIMON'S TOWN	13	0	0	19	244	11	141	124	1594	0	0	24	308	145	1863	133	1709
SOMERSET WEST	2	7	17	153	370	174	421	597	1445	1	2	175	423	539	1305	826	2000
STEENBERG	18	1	1	261	388	173	257	622	926	1	1	109	162	401	597	617	919
STRAND	4	8	15	269	507	227	428	654	1234	4	8	209	394	758	1431	1529	2886
TABLE BAY HARBOUR	0	1	0	32	0	114	0	7	0	0	0	133	0	387	0	1027	0
TABLE VIEW	4	1	4	22	83	55	206	468	1756	2	7	236	885	386	1448	464	1741
WOODSTOCK	21	5	17	70	245	494	1730	533	1867	0	0	444	1555	1890	6621	1099	3850
WYNBERG	11	3	11	53	186	141	496	500	1760	0	0	240	845	728	2563	730	2570

Police Distance	No of cases of shoplifting	Shoplifting rate per 100 000	No of cases of arson	Arson rate per 100 000	No of cases of malicious damage to property	Malicious damage to property rate per 100 000	No of cases of fraud	Fraud rate per 100 000	No of cases of drug related crime	Drug related crime rate per 100 000	No of cases driving under the influence of alcohol & drugs	Driving under the influence of alcohol & drugs rate per 100 0 00	No of cases of illegal possession of firearms and ammunition	Illegal possession of firearms and ammunition rate per 100 000	No of cases of explosives act	Explosives act rate per 100 000	No of cases of carjacking	Carjacking rate per 100 000	No of cases of hijacking of trucks	Hijacking of trucks rate per 100 000	No of cases of robbery of cash in transit	Robbery of cash in transit rate per 100 000	No of cases of bank robbery	Bank robbery rate per 100 000
ATHLONE	59	91	8	12	221	341	85	131	70	108	98	151	30	46	0	0	6	9	0	0	1	2	0	0
ATLANTIS	82	128	16	25	367	574	46	72	302	472	60	94	33	51	0	0	3	5	0	0	0	0	0	0
BELLVILLE	436	800	5	9	271	498	574	1054	76	140	67	123	11	21	0	0	6	11	1	2	0	0	1	2
BELLVILLE SOUTH	25	23	33	30	697	645	65	60	146	135	52	48	141	130	0	0	24	22	1	1	1	1	2	2
BISHOP LAVIS	289	271	27	25	570	534	48	45	213	199	32	30	89	83	0	0	27	25	3	3	0	0	2	2
BRACKENFELL	111	467	3	13	198	834	187	787	9	37	62	261	7	29	0	0	0	0	1	4	0	0	0	0
CAMPS BAY	35	679	0	0	138	2678	12	232	12	232	15	291	0	0	0	0	0	0	0	0	0	0	0	0
CAPE TOWN CENTRAL	1046	2804	15	40	646	1732	849	2277	597	1600	109	292	25	67	0	0	18	48	0	0	1	3	9	24
CLAREMONT	603	1903	0	0	126	397	374	1180	50	157	64	202	5	15	0	0	8	25	0	0	0	0	0	0
DIEPRIVER	98	308	6	18	234	735	195	612	11	34	25	78	3	9	0	0	2	6	0	0	1	3	2	6
DURBANVILLE	37	82	4	9	66	147	76	169	6	13	20	45	1	2	1	2	0	0	1	2	0	0	0	0
ELSIES RIVER	86	128	21	31	498	743	96	143	186	277	33	49	110	164	1	1	17	25	0	0	0	0	0	0
FISH HOEK	57	289	0	0	65	329	73	370	25	126	22	111	2	10	0	0	1	5	0	0	0	0	0	0
GOODWOOD	198	445	4	9	166	373	300	674	135	303	92	206	8	18	0	0	4	9	0	0	0	0	1	2
GORDONS BAY	6	68	0	0	89	1008	67	759	4	45	26	294	1	11	0	0	0	0	0	0	0	0	0	0
GRASSY PARK	141	148	20	21	335	353	74	78	77	81	65	68	21	22	0	0	2	2	0	0	0	0	0	0
GUGULETU	8	7	27	23	358	312	31	27	212	185	62	54	138	120	0	0	26	22	15	13	2	2	1	1
HOUT BAY	37	184	4	20	73	363	62	308	15	74	17	84	7	34	0	0	1	5	0	0	0	0	0	0
KENSINGTON	19	71	4	15	144	543	20	75	199	751	29	109	49	185	0	0	5	19	0	0	0	0	0	0
KHAYELITSHA	27	10	44	16	458	172	79	29	180	67	59	22	124	46	0	0	39	14	16	6	1	0	1	0
KIRSTENHOF	180	666	8	30	57	211	92	340	149	551	19	70	11	40	0	0	1	4	0	0	0	0	0	0
KRAAIFONTEIN	100	98	28	27	565	553	101	99	134	131	65	63	60	58	0	0	14	13	2	2	0	0	0	0
KUILSRIVER	190	124	55	35	922	602	195	127	349	227	153	99	51	33	0	0	11	7	0	0	0	0	2	1
LANGA	0	0	12	25	136	288	8	17	72	152	17	36	29	61	0	0	9	19	2	4	1	2	0	0
LANSDOWNE	16	33	9	19	120	249	64	132	21	43	32	66	6	12	0	0	2	4	0	0	0	0	0	0
MACASSAR	17	56	3	10	140	465	19	63	30	99	34	113	17	56	0	0	1	3	0	0	0	0	0	0
MAITLAND	62	458	4	29	150	1107	131	967	55	406	38	280	7	51	0	0	2	14	1	7	0	0	1	7
MANENBERG	109	138	14	17	500	633	36	45	170	215	40	50	95	124	1	1	9	11	0	0	0	0	1	1
MELKBOSSTRAND	13	185	0	0	35	498	9	128	17	241	20	284	7	99	0	0	0	0	0	0	0	0	0	0
MILNERTON	71	152	4	9	146	314	270	581	118	253	43	92	13	27	0	0	10	21	2	4	0	0	0	0
MITCHELLS PLAIN	607	225	43	15	1572	583	241	89	491	182	221	82	227	84	0	0	22	8	0	0	0	0	1	0
MOWBRAY	51	430	0	0	151	1275	119	1005	7	59	42	354	4	33	0	0	3	25	0	0	0	0	1	8
MUIZENBERG	55	195	8	28	141	501	85	302	44	156	48	170	9	32	0	0	4	14	0	0	0	0	1	4
NYANGA	16	13	95	81	219	187	30	25	140	119	53	45	109	93	0	0	39	33	7	6	1	1	1	1
OCEAN VIEW	8	38	6	28	122	587	12	57	43	206	6	29	4	19	0	0	0	0	0	0	0	0	0	0
PAROW	336	701	2	4	174	363	309	645	32	66	20	41	6	12	0	0	10	20	1	2	2	4	1	2
PHILIPPI	28	60	13	28	266	575	23	49	104	225	83	179	39	84	0	0	3	6	0	0	0	0	0	0
PINELANDS	15	82	1	5	134	735	106	582	26	142	16	87	10	55	0	0	4	21	2	10	0	0	2	11
RAVENSMEAD	11	20	9	16	320	568	29	51	75	133	13	23	85	150	1	2	7	12	2	4	0	0	0	0
RONDEBOSCH	8	43	1	5	77	417	94	510	8	43	68	369	2	10	0	0	2	10	0	0	0	0	0	0
SEA POINT	106	448	2	8	449	1899	213	901	130	550	62	262	7	29	0	0	4	17	1	4	0	0	0	0
SIMON'S TOWN	5	64	0	0	21	270	8	102	2	26	8	102	1	13	0	0	0	0	0	0	0	0	0	0
SOMERSET WEST	195	472	8	19	182	440	158	382	42	101	38	92	5	12	0	0	1	2	0	0	0	0	0	0
STEENBERG	**29**	**43**	**10**	**14**	**224**	**333**	**22**	**32**	**118**	**175**	**58**	**86**	**18**	**26**	**1**	**1**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
STRAND	124	234	40	75	364	687	129	243	52	98	71	134	11	20	0	0	3	6	1	2	0	0	0	0
TABLE BAY HARBOUR	302	0	0	0	69	0	134	0	30	0	8	0	7	0	0	0	2	0	0	0	0	0	0	0
TABLE VIEW	75	281	1	4	109	409	133	499	23	86	35	131	5	18	0	0	2	8	0	0	0	0	0	0
WOODSTOCK	53	185	2	7	133	466	157	550	218	756	19	66	36	126	0	0	10	35	0	0	1	4	3	10
WYNBERG	0	0	5	18	73	257	164	577	42	147	43	151	4	14	0	0	2	7	0	0	0	0	0	0

City of Cape Town by suburb

Census 96 :Community Profile - LAVENDER HILL

Housing Profile (Type of Dwelling, Ownership, Household Income)

LAVENDER HILL	
TYPE OF DWELLING	
House on separate stand	547
Traditional dwelling	18
Flat in block of flats	2,107
Town/cluster/semi-detached house	549
Unit in retirement village	8
House/flat/room in backyard	87
Informal dwelling/shack in backyard	122
Informal dwelling/shack elsewhere	49
Room/flatlet on shared property	159
Caravan/tent	1
None/homeless	0
Institution/hostel	0
Other	1
Unspecified	126
Total	3,774
DWELLING OWNERSHIP	
Yes	1,056
No	2,618
Unspecified	100
Total	3,774
HOUSEHOLD INCOME (PER ANNUM)	
< R18000	1,528
R18001 - R42000	1,058
R42001 - R96000	372
R96001 - R192000	34
R192001 +	14
Unspecified	768
Total	3,774

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Back to index page

City of Cape Town by suburb

Census 96 :Community Profile - STEENBERG

Housing Profile (Type of Dwelling, Ownership, Household Income)

STEENBERG	
TYPE OF DWELLING	
House on separate stand	868
Traditional dwelling	3
Flat in block of flats	0
Town/cluster/semi-detached house	230
Unit in retirement village	0
House/flat/room in backyard	121
Informal dwelling/shack in backyard	47
Informal dwelling/shack elsewhere	16
Room/flatlet on shared property	43
Caravan/tent	4
None/homeless	0
Institution/hostel	0
Other	1
Unspecified	5
Total	1,338
DWELLING OWNERSHIP	
Yes	1,056
No	281
Unspecified	1
Total	1,338
HOUSEHOLD INCOME (PER ANNUM)	
< R18000	325
R18001 - R42000	392
R42001 - R96000	310
R96001 - R192000	66
R192001 +	14
Unspecified	231
Total	1,338

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Back to index page

City of Cape Town by suburb

Census 96 : Community Profile - LAVENDER HILL

Employment Profile (Work status, Occupation, Income)

LAVENDER HILL	Male	Female	Total
WORK STATUS (AGED 15+)			
Employed	2,911	2,422	5,333
Unemployed, looking for work	915	839	1,754
Economically Active Total	3,826	3,261	7,087
Not working - not looking for work	84	74	158
Not working - housewife/home-maker	12	1,445	1,457
Not working - scholar/full-time student	562	558	1,120
Not working - pensioner/retired person	272	426	698
Not working - disabled person	367	193	560
Not working - not wishing to work	30	44	74
Not working - none of the above	147	217	364
Economically Inactive Total	1,474	2,957	4,431
Unspecified	9	10	19
Total	5,309	6,228	11,537
OCCUPATION OF LABOUR FORCE			
Legislators, senior officials and managers	58	25	83
Professionals	41	86	127
Technicians and associate professionals	74	141	215
Clerks	138	214	352
Service workers, shop and market sales workers	202	182	384
Skilled agricultural and fishery workers	116	5	121
Craft and related trades workers	790	161	951
Plant and machine operators and assemblers	270	525	795
Elementary occupations	768	792	1,560
Total	2,457	2,131	4,588
INCOME OF EARNERS (PER MONTH)			
< R1000	1,130	1,558	2,688
R1001 - R2500	1,743	1,210	2,953
R2501 - R4500	169	49	218
R4501 - R8000	46	13	59
R8001 +	13	4	17
Unspecified	949	893	1,842
Total	4,050	3,727	7,777

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Back to index page

City of Cape Town by suburb

Census 96 : Community Profile - STEENBERG

Employment Profile (Work status, Occupation, Income)

STEENBERG	Male	Female	Total
WORK STATUS (AGED 15+)			
Employed	1,214	1,023	2,237
Unemployed, looking for work	239	210	449
Economically Active Total	1,453	1,233	2,686
Not working - not looking for work	34	24	58
Not working - housewife/home-maker	4	452	456
Not working - scholar/full-time student	226	214	440
Not working - pensioner/retired person	237	361	598
Not working - disabled person	85	38	123
Not working - not wishing to work	6	4	10
Not working - none of the above	44	25	69
Economically Inactive Total	636	1,118	1,754
Unspecified	0	0	0
Total	2,089	2,351	4,440
OCCUPATION OF LABOUR FORCE			
Legislators, senior officials and managers	76	52	128
Professionals	47	84	131
Technicians and associate professionals	88	94	182
Clerks	96	220	316
Service workers, shop and market sales workers	106	142	248
Skilled agricultural and fishery workers	37	5	42
Craft and related trades workers	288	44	332
Plant and machine operators and assemblers	152	168	320
Elementary occupations	247	170	417
Total	1,137	979	2,116
INCOME OF EARNERS (PER MONTH)			
< R1000	394	577	971
R1001 - R2500	647	537	1,184
R2501 - R4500	191	111	302
R4501 - R8000	70	30	100
R8001 +	26	5	31
Unspecified	262	239	501
Total	1,590	1,499	3,089

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Back to index page

City of Cape Town by suburb

Census 96 :Community Profile - LAVENDER HILL

Service Profile (Electricity, Water, Sanitation, Refuse Removal, Telephone)

LAVENDER HILL	
TYPE OF FUEL USED FOR LIGHTING	
Electricity	3,675
Gas	4
Paraffin	21
Candles	49
Other	0
Unspecified	32
Total	3,781
ACCESS TO WATER	
Piped water in dwelling	3,613
Piped water on site	86
Public tap	44
Other	13
Unspecified	25
Total	3,781
TYPE OF SANITATION	
Flush or chemical toilet	3,645
Pit latrine	36
Bucket latrine	20
Other	55
Unspecified	25
Total	3,781
TYPE OF REFUSE REMOVAL	
Removed by local authority at least weekly	3,660
Removed by local authority less often	5
Communal refuse dump	75
Own refuse dump	3
No rubbish disposal	4
Other	0
Unspecified	34
Total	3,781
ACCESS TO TELEPHONE	
Access to telephone/cellular phone on premises	1,869
Access to telephone nearby	1,743
No access to telephone nearby/ no access	139
Unspecified	30
Total	3,781

City of Cape Town by suburb

Census 96 :Community Profile - STEENBERG

Service Profile (Electricity, Water, Sanitation, Refuse Removal, Telephone)

STEENBERG	
TYPE OF FUEL USED FOR LIGHTING	
Electricity	1,320
Gas	0
Paraffin	0
Candles	22
Other	0
Unspecified	2
Total	1,344
ACCESS TO WATER	
Piped water in dwelling	1,284
Piped water on site	43
Public tap	10
Other	6
Unspecified	1
Total	1,344
TYPE OF SANITATION	
Flush or chemical toilet	1,309
Pit latrine	0
Bucket latrine	10
Other	24
Unspecified	1
Total	1,344
TYPE OF REFUSE REMOVAL	
Removed by local authority at least weekly	1,321
Removed by local authority less often	2
Communal refuse dump	0
Own refuse dump	1
No rubbish disposal	17
Other	0
Unspecified	3
Total	1,344
ACCESS TO TELEPHONE	
Access to telephone/cellular phone on premises	1,051
Access to telephone nearby	256
No access to telephone nearby/ no access	36
Unspecified	1
Total	1,344

City of Cape Town by suburb

Census 96 : Community Profile -LAVENDER HILL

Demographic Profile (Gender, Ethnic Group, Age, Education, Language)

LAVENDER HILL	Male	Female	Total
ETHNIC GROUP			
African/Black	91	88	179
Coloured	7,879	8,590	16,469
Indian/Asian	70	83	153
White	7	3	10
Unspecified	658	703	1,361
Total	8,705	9,467	18,172
AGE			
0 - 14	3,402	3,243	6,645
15 - 34	3,143	3,453	6,596
35 - 54	1,582	1,963	3,545
55 - 64	299	467	766
65+	212	274	486
Unspecified	67	67	134
Total	8,705	9,467	18,172
EDUCATION (incl. still at school)			
No schooling	989	868	1,857
Grade 0 - Grade 2	502	430	932
Grade 3 - Grade 7	2,801	3,315	6,116
Grade 8 - Grade 11	2,677	3,088	5,765
Matric only	315	391	706
Matric plus Diploma/certificate	35	50	85
Matric plus Degree	12	10	22
Matric plus Postgraduate Degree	0	0	0
Other qualification	10	9	19
Unspecified	337	313	650
NA: Aged <5	1,027	993	2,020
Total	8,705	9,467	18,172
LANGUAGE			
English	1,016	1,089	2,105
Afrikaans	7,614	8,268	15,882
Xhosa	17	12	29
Other	6	7	13
Unspecified	52	91	143
Total	8,705	9,467	18,172

Compiled by Urban Policy Unit from the 1996 Census data supplied by Statistics South Africa

City of Cape Town by suburb

Census 96 : Community Profile - STEENBERG

Demographic Profile (Gender, Ethnic Group, Age, Education, Language)

STEENBERG	Male	Female	Total
ETHNIC GROUP			
African/Black	15	18	33
Coloured	2,757	2,980	5,737
Indian/Asian	12	12	24
White	22	59	81
Unspecified	165	189	354
Total	2,971	3,258	6,229
AGE			
0 - 14	869	848	1,717
15 - 34	1,119	1,094	2,213
35 - 54	598	700	1,298
55 - 64	205	280	485
65+	175	332	507
Unspecified	5	4	9
Total	2,971	3,258	6,229
EDUCATION (incl. still at school)			
No schooling	210	226	436
Grade 0 - Grade 2	92	100	192
Grade 3 - Grade 7	771	892	1,663
Grade 8 - Grade 11	1,151	1,238	2,389
Matric only	303	343	646
Matric plus Diploma/certificate	74	74	148
Matric plus Degree	29	27	56
Matric plus Postgraduate Degree	3	1	4
Other qualification	6	8	14
Unspecified	71	72	143
NA: Aged <5	261	277	538
Total	2,971	3,258	6,229
LANGUAGE			
English	1,305	1,408	2,713
Afrikaans	1,646	1,827	3,473
Xhosa	0	0	0
Other	2	1	3
Unspecified	18	22	40
Total	2,971	3,258	6,229

APPENDIX II

Summary of Measures

MEASURES	SCALES/VARIABLES	COMPLETED BY
1. SECV	Levels of violence-exposure, location of exposure, age of, and relationship to perpetrator/s	→ Children
2. SACAS	a) Affability b) Resilience c) Anxiety/depression d) Opposition/Defiance e) Self-regulation f) Aggression	→ Caregiver
3. Piers-Harris Self-Concept Scale	a) Behaviour b) Popularity c) Happiness and satisfaction	→ Children
4. Social Support Scale	a) Family b) Peers c) School	→ Children
5. COPES Demographic Questionnaire	Household income, size and composition, parental education, marital and employment status	→ Caregiver
6. AAPI	a) Expectations of children b) Empathy c) Belief in physical punishment d) Role reversal	→ Caregiver
7. Social Support Questionnaire	a) Perceived social support b) Social activities c) Receipt of help	→ Caregiver

APPENDIX III

Child Questionnaires

CHILD QUESTIONNAIRES

Name.....

Address.....
.....

Date of birth.....

Gender (tick the appropriate box) Female Male

Name of the person who takes care of you at home.....
.....

I would like you to fill in the following three questionnaires. The first questionnaire will ask you questions about violence in your neighbourhood, the second questionnaire will ask you questions about how you feel about yourself, and the third questionnaire will ask questions about the kinds of support you get from people.

Please answer all the questions honestly. There are no right or wrong answers.

Your answers will not be shown to your parents, teachers or anyone else.

If there is anything you don't understand while you are filling in the questionnaires, please ask for help.

2B. Have you ever been asked to sell, buy or use illegal drugs? Yes _____ No _____	If you said yes to question 2B please answer the following questions in the next columns →	G. How many times has it happened to you? _____	H. Did you know the person who asked you to sell, buy or use illegal drugs? Yes _____ No _____	I.The last time you were asked to sell, buy or use illegal drugs, was the person your age or an adult? Your age _____ An adult _____	J Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else _____
3A. Have you ever seen someone's house or apartment being broken into by anyone other than the police? Yes _____ No _____	If you said yes to question 3A please answer the following questions in the next columns →	C. How may times have you seen this happen? _____	D. Did you know the person who was breaking into another person's apartment or house? Yes _____ No _____	E The last time it happened was the person who did it your age or an adult? Your age _____ An adult _____	
3B Has your house or apartment ever been broken into by anyone other than the police? Yes _____ No _____	If you said yes to question 3B please answer the following questions in the next columns →	G. How many times has it happened to you? _____	H. Did you know the person who broke into your house or apartment? Yes _____ No _____	I The last time it happened was the person who did it your age or an adult? Your age _____ An adult _____	
4A. Have you ever seen someone being picked-up, arrested or taken away by the police? Yes _____ No _____	If you said yes to question 4A please answer the following questions in the next columns →	C. How many times have you seen this happen? _____			F. Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else _____

6B. Have you ever been slapped, punched or hit? Yes ____ No _____	If you said yes to question 6B please answer the following questions in the next columns →	G. How many times has it happened to you? _____	H. Did you know the person who slapped, punched or hit you? Yes _____ No _____	I.The last time it happened was the person who did it your age or an adult? Your age _____ An adult _____	J. Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else _____
7-1 A. Have you ever seen someone being badly beaten up? Yes _____ No _____	If you said yes to question 7-1A please answer the following questions in the next columns →	C. How many times have you seen this happen? _____	D. Did you know the person who badly beat up the other person? Yes _____ No _____	E. The last time it happened was the person who did it your age or an adult? Your age _____ An adult _____	F. Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else _____
7-1B Have you ever been badly beaten up? Yes _____ No _____	If you said yes to question 7-1B please answer the following questions in the next columns →	G. How many times has it happened to you? _____	H. Did you know the person who badly beat you up? Yes _____ No _____	I The last time it happened was the person who did it your age or an adult? Your age _____ An adult _____	J.Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else _____
7-2 A Have you ever seen someone being mugged? Yes _____ No _____	If you said yes to question 7-2A please answer the following questions in the next columns →	C. How many times have you seen this happen? _____	D. Did you know the person who mugged the other person(s)? Yes _____ No _____	E. The last time it happened was the person who did it your age or an adult? Your age _____ An adult _____	F. Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else_

9B. Have you ever heard the sound of a gun shot? Yes _____ No _____	If you said yes to question 9B please answer the following questions in the next columns →	G. How many times have you heard it? _____			Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else _____
10A. Have you ever seen someone being attacked or stabbed with a knife? Yes _____ No _____	If you said yes to question 10A please answer the following questions in the next columns →	C. How many times have you seen this happen? _____	D. Did you know the person who was attacking or stabbing the other person(s) with a knife? Yes _____ No _____	E. The last time it happened was the person who did it your age or an adult? Your age _____ An adult _____	F. Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else _____
10B. Have you ever been attacked or stabbed with a knife? Yes _____ No _____	If you said yes to question 10B please answer the following questions in the next columns →	G. How many times has it happened to you? _____	H. Did you know the person who attacked or stabbed you with a knife? Yes _____ No _____	I.The last time it happened was the person your age or an adult? Your age _____ An adult _____	J. Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else _____
11A. Have you ever seen someone being shot with a gun? Yes _____ No _____	If you said yes to question 11A please answer the following questions in the next columns →	C. How many times have you seen this happen? _____	D. Did you know the person who used the gun? Yes _____ No _____	E. The last time it happened was the person who did it your age or an adult? Your age _____ An adult _____	F. Where did it happen the last time? Near your home _____ In your home _____ Near your school _____ In your school _____ Somewhere else

"THE WAY I FEEL ABOUT MYSELF"

The Piers-Harris Children's Self-Concept Scale

Ellen V. Piers, Ph.D. and Dale B. Harris, Ph.D.

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12031 Wilshire Boulevard
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Name: _____ Today's Date: _____

Age: _____ Sex (circle one): Girl Boy Grade: _____

School: _____ Teacher's Name (optional): _____

Directions: Here is a set of statements that tell how some people feel about themselves. Read each statement and decide whether or not it describes the way you feel about yourself. If it is *true or mostly true* for you, circle the word "yes" next to the statement. If it is *false or mostly false* for you, circle the word "no." Answer every question, even if some are hard to decide. Do not circle both "yes" and "no" for the same statement.

Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark the way you really feel inside.

TOTAL SCORE: Raw Score_____ Percentile_____ Stanine_____

CLUSTERS: I_____ II_____ III_____ IV_____ V_____ VI_____

Child questionnaire

Instructions

Below is a list of people. I would like to know what kinds of help and support they give you. If the person or people described are ***not in your life, write an "X" on the [0] in the first column****. Then go on to the next question.*

If the person or people is ***in your life, write an "X" on the [1] in the first column.***
Then let me know how helpful this person or people are for personal problems, when you need money and other things, and also how often you have fun with them.
You do this by ***making an "X" on the number which best describes your opinion in the second, third and fourth columns.***

For example, if you have an aunt with whom you often have fun, and who often helps you when you have a personal problem, but who doesn't help you with money and other things, you would answer the question like this:

This is a person in my life			This person is helpful when I have a personal problem			This person is helpful when I need money and other things			I have fun with this person		
	NO	**YES**	**Not at all**	**Sort of**	**Very**	**Not at all**	**Sort of**	**Very**	**Never**	**Some-times**	**Often**
1. Your aunt	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]

Now tell me about other people in your life:

This is a person in my life			This person is helpful when I have a personal problem			This person is helpful when I need money and other things			I have fun with this person		
	NO	**YES**	**Not at all**	**Sort of**	**Very**	**Not at all**	**Sort of**	**Very**	**Never**	**Some-times**	**Often**
1. Your mother	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
2. Your father	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
3. Your sisters or brothers	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
4. A teacher	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
5. The principal or vice principal	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
6. Kids your age	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
7. Your group of close friends	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
8. Other people	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]

KINDER VRAELYSTE

Name.....

Adres.....
.....

Geboorte Datum.....

Geslag (Maak 'n "X" in die gepaste blokkie) | Meisie | | Seun |

Naam van die persoon wat by die huis vir jou sorg.....
.....

Voltooi asseblief die volgende drie vraelyste. Die eerste vraelys sal vrae vra oor geweld in jou woonbuurt, die tweede vraelys sal vrae vra oor hoe jy oor jouself voel, en die derde vraelys sal vrae vra oor die hulp en ondersteuning wat jy van ander mense kry.

Beantwoord asseblief al die volgende vrae so eerlik as moontlik. Daar is geen regte of verkeerde antwoorde nie.

Jou antwoorde sal nie vir jou ouers, onderwysers of vir enige iemand anders gewys word nie.

As daar enige iets is in die vraelyste wat jy nie verstaan nie, vra asseblief om hulp.

VRAELYS VIR LEERLINGE

antwoord asseblief die volgende vrae. Antwoorde sal streng vertroulik beskou word en sal nie vir enige derwyser/es of iemand anders gegee word nie. Maak asseblief 'n X in die spasie langs die antwoord wat ondervinding die beste beskryf.

. Het jy al it gesien hoe nand deur 'n nde of 'n rsoon gejaag rd? _____ e _____	As jy ja gesê het vir vraag 1A, antwoord asseblief die volgende vrae in die opvolgende kolomme →	C. Hoeveel keer het jy dit al gesien gebeur? _____	D. Het jy die mens/e wat die ander persoon gejaag het, geken? Ja _____ Nee _____	E. Toe dit laas gebeur het, was die mens/e wat dit gedoen het, jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek_____ Naby jou skool_____ In jou skool_____ Êrens anders_____
. Is jy al ooit ur 'n bende 'n persoon jaag? _____ e _____	As jy ja gesê het vir vraag 1B, antwoord asseblief die vrae in die volgende kolomme →	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die mens/e wat jou gejaag het geken? Ja _____ Nee _____	I. Toe dit laas gebeur het, was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	J. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
. Het jy al it iemand sien wat wettige elms nbied, rkoop, koop gebruik? _____ e _____	As jy ja gesê het vir vraag 2A, antwoord asseblief die volgende vrae in the opvolgende kolomme →	C. Hoeveel keer het jy dit al sien gebeur? _____	D. Het jy die mens/e wat onwettige dwelms aangebied, verkoop, gekoop of gebruik het geken? Ja _____ Nee _____	E. Toe dit laas gebeur het was die persoon wat dit gedoen het jou ouderdom of volwassene Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
. Het iemand al ooit vra om wettige elms te rkoop, koop gebruik? _____ e _____	As jy ja gesê het vir vraag 2B, antwoord asseblief die volgende vrae in die opvolgende kolomme →	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die mens/e wat jou gevra het om onwettige dwelms te verkoop, koop of gebruik geken? Ja _____ Nee _____	I.Toe dit laas gebeur het, was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	J. Waar het dit laas gebeur? Naby jou woonplek_____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
. Het jy al it gesien hoe nand ehalwe die lisie) by mand anders woonplek breek? _____ e _____	As jy ja gesê vir vraag 3A, antwoord asseblief die volgende vrae in die opvolgende kolomme →	C. Hoeveel keer het jy dit al gesien gebeur? _____	D. Het jy die mens/e wat ingebreek het by die ander persoon se huis geken? Ja _____ Nee _____	E. Toe dit laas gebeur het, was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwassene _____	

. Was daar ɔoit 'n ɪraak by jou ɪonplek? _____ ɪe _____	As jy ja gesê het vir vraag 3B, antwoord asseblief die volgende vrae in die opvolgende kolomme ⟶	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die mense wat by jou woonplek ingebreek het geken? Ja _____ Nee _____	I.Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	
. Het jy al it gesien hoe ⁻nand deur ⁻ polisie ⁻gelaai, arresteer, of ɪggeneem ⁻rd ? _____ ɪe _____	As jy ja gesê het vir vraag 4A, antwoord asseblief die volgende vrae in die opvolgende kolomme ⟶	C. Hoeveel keer het jy dit al gesien gebeur? _____			F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
. Is jy al ooit ⁻ur die polisie gelaai, arresteer of ⁻ggeneem? _____ ⁻e _____	As jy ja gesê het vir vraag 4B, antwoord asseblief die vrae in die volgende kolomme ⟶	G. Hoeveel keer het dit al met jou gebeur? _____			J. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
. Het jy al ⁻it gesien hoe ⁻nand dreig ⁻ iemand ⁻ders ernstig ⁻er te maak? _____ ⁻e _____	As jy ja gesê het vir vraag 5A, antwoord asseblief die volgende vrae in die opvolgende kolomme ⟶	C. Hoeveel keer het jy dit al gesien gebeur? _____	D. Het jy die mens/e wat die ander persoon gedreig het geken? Ja _____ Nee _____	E. Toe dit laas gebeur het, was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
. Het iemand ooit gedreig n jou ernstig ɪer te maak? ɪ _____ ⁻e _____	As jy ja gesê het vir vraag 5B, antwoord asseblief die volgende vrae in die opvolgende kolomme ⟶	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die persoon wat jou gedreig het geken? Ja _____ Nee _____	I.Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	J. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____

. Het jy al —it gesien hoe nand —slaan word? _____ ıe _____	As jy ja gesê het vir vraag 6A, antwoord asseblief die vrae in die volgende kolomme ——→	C. Hoeveel keer het jy dit gesien gebeur? _____	D. Het jy die mens/e wat die ander persoon geslaan het geken? Ja _____ Nee _____	E. Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In die skool _____ Êrens anders _____
—. Is jy al ooit ıslaan? ı _____ —ee _____	As jy ja gesê het vir vraag 6B, antwoord asseblief die volgende vrae in die opvolgende kolomme ——→	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die mens/e wat jou geslaan het geken? Ja _____ Nee _____	I.Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	J. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby die skool _____ In jou skool _____ Êrens anders _____
-1A. Het jy al ɔit gesien hoe —mand ernstig —eslaan word? a _____ ■lee _____	As jy ja gesê het vir vraag 7-1A, antwoord asseblief die volgende vrae in die opvolgende kolomme ——→	C. Hoeveel keer het jy dit al sien gebeur? _____	D. Het jy die mens/e geken wat die ander persoon ernstig geslaan het? Ja _____ Nee _____	E. Toe dit laas gebeur het was die mens/e jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby die skool _____ In jou skool _____ Êrens anders _____
'-1B. Is jy al —ɔit ernstig ■eslaan? ■a _____ Nee _____	As jy ja gesê het vir vraag 7-1B, antwoord asseblief die volgende vrae in die opvolgende kolomme ——→	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die mens/e wat jou ernstig geslaan het geken? Ja _____ Nee _____	I.Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	J. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
7-2A. Het jy al ooit gesien hoe iemand besteel (mugged) word? Ja _____ Nee _____	As jy ja gesê het vir vraag 7-2A, antwoord asseblief die volgende vrae in die opvolgende kolomme ——→	C. Hoeveel keer het jy dit al gesien gebeur? _____	D. Het jy die mens/e geken wat die ander persoon besteel het? Ja _____ Nee _____	E. Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____

B. Is jy al besteel? _____ → _____	As jy ja gesê het vir vraag 7-2B, antwoord asseblief die volgende vrae in die opvolgende kolomme →	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die persoon wat jou laas besteel het geken? Ja _____ Nee _____	I.Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
Het jy al gesien hoe and sueel gerand, olesteer of krag word? _____ → _____	As jy ja gesê het vir vraag 8A, antwoord asseblief die vrae in die volgende kolomme →	C. Hoeveel keer het jy dit al gesien gebeur? _____	D. Het jy die mens/e geken wat iemand anders seksueel aangerand, gemolesteer of verkrag het ? Ja _____ Nee _____	E. Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
Is jy al ooit sueel gerand, olesteer of rag? _____ → _____	As jy ja gesê het vir vraag 8B, antwoord asseblief die vrae in die volgende kolomme →	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die mens/e geken wat jou seksueel aangerand, gemolesteer of verkrag het? Ja _____ Nee _____	I.Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	J. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
Het jy al gesien dat and halwe die sie) 'n veer of mes of vashou? _____ → _____	As jy ja gesê het vir vraag 9A, antwoord asseblief die vrae in die volgende kolomme →	C. Hoeveel keer het jy dit al sien gebeur? _____	D. Het jy die mens/e geken wat die geweer of mes gedra of vasgehou het? Ja _____ Nee _____	E. Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
Het jy al 'n veerskoot oor? _____ → _____	As jy ja gesê het vir vraag 9B, beantwoord asseblief die vrae in die volgende kolomme →	G. Hoeveel keer het jy dit al gehoor? _____			J. Waar het jy dit laas gehoor? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____

—. Het jy al gesien hoe —and met 'n —s aangerand —esteek —d? _____ —› _____	As jy ja gesê het vir vraag 10A, beantwoord asseblief die vrae in die volgende kolomme →	C. Hoeveel keer het jy dit al gesien gebeur? _____	D. Het jy die mens/e geken wat die ander persoon met 'n mes aangerand of gesteek het? Ja _____ Nee _____	E. Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
B. Is jy al met 'n mes igerand of —teek? _____ —› _____	As jy ja gesê het vir vraag 10B, beantwoord asseblief die vrae in die volgende kolomme →	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die mens/e geken wat jou met 'n mes aangerand of gesteek het ? Ja _____ Nee _____	I.Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	J. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
A. Het jy al t gesien hoe —and met 'n —weer geskiet —d? _____ —e _____	As jy ja gesê het vir vraag 11A, beantwoord asseblief die vrae in die volgende kolomme →	C. Hoeveel keer het jy dit al gesien gebeur? _____	D. Het jy die mens/e geken wat die ander persoon met 'n geweer geskiet het? Ja _____ Nee _____	E. Toe dit laas gebeur het, was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
B. Is jy al t met 'n —weer —skiet? _____ —e _____	As jy ja gesê het vir vraag 11B, beantwoord asseblief die volgende vra in die opvolgende kolomme →	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die mens/e geken wat jou met 'n geweer geskiet het? Ja _____ Nee _____	I.Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	J. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
—A. Het jy al it gesien hoe —nand anders —odgemaak —rd? _____ —e _____	As jy ja gesê het vir vraag 12A, beantwoord asseblief die vrae in die volgende kolomme →	C. Hoeveel keer het jy dit al sien gebeur? _____	D. Het jy die mens/e wat die ander persoon doodgemaak het geken? Ja _____ Nee _____	E. Toe dit laas gebeur het was die mens/e wat dit gedoen het jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	F. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____
B. Het —nand al ooit dreig om jou —od te maak? _____ —e _____	As jy ja gesê het vir vraag 12B, beantwoord asseblief die vrae in die volgende kolomme →	G. Hoeveel keer het dit al met jou gebeur? _____	H. Het jy die mens/e wat gedreig het om jou dood te maak geken? Ja _____ Nee _____	I.Toe dit laas gebeur het was die mens/e wat dit gedoen het, jou ouderdom of volwasse? Jou ouderdom _____ Volwasse _____	J. Waar het dit laas gebeur? Naby jou woonplek _____ In jou woonplek _____ Naby jou skool _____ In jou skool _____ Êrens anders _____

"HOE EK OOR MYSELF VOEL"

Die Piers-Harris Kinder Self-Siening Vraelys

Ellen V. Piers, Ph.D and Dale B. Harris, Ph.D.

Instruksies: Hier is 'n aantal stellings wat beskryf hoe sommige mense oor hulself voel. Lees elke stelling en besluit of dit beskryf hoe jy oor jouself voel. As dit *waar* of *meestal waar* is, maak 'n sirkel om die woord, "ja". As dit *onwaar* of *meestal onwaar* is, maak 'n sirkel om die woord, "nee".
Beantwoord elke vraag, selfs as sommige vrae moeilik is om oor te besluit. Moenie langs dieselfde stelling 'n sirkel om die "ja" en "nee" maak nie.
Onthou daar is geen regte of verkeerde antwoorde nie.
Jy alleen kan vir my se hoe jy oor jouself voel, dus hoop ek dat jy die vrae eerlik sal beantwoord.

1. Ek is slim.	ja	nee
2. Ek word senuweeagtig wanneer die onderwyser my iets vra.	ja	nee
3. Wanneer ek groot word sal ek 'n belangrike persoon wees.	ja	nee
4. Ek gedra my goed by die skool.	ja	nee
5. Ek het goeie idees.	ja	nee
6. Ek is 'n belangrike lid van my gesin.	ja	nee
7. Ek is goed in my skoolwerk.	ja	nee
8. Ek neem lank om my skoolwerk klaar te maak.	ja	nee
9. Ek is 'n belangrike persoon in my klas.	ja	nee
10. Ek kan goed voor die klas praat.	ja	nee
11. Ek is 'n dromer by die skool.	ja	nee
12. My vriende hou van my idees.	ja	nee
13. Ek bied dikwels aan om dinge by die skool te doen.	ja	nee
14. My klasmaats by die skool dink ek het goeie idees.	ja	nee
15. Ek is dom met die meeste dinge.	ja	nee
16. Ek vergeet wat ek leer.	ja	nee
17. Ek is 'n goeie leser.	ja	nee
18. My klasmaats spot my.	ja	nee
19. Ek vind dit moeilik om vriende te maak.	ja	nee
20. Ek is skaam.	ja	nee
21. Ek is onpopuler.	ja	nee
22. Ek voel by dinge uitgesluit.	ja	nee
23. Ek is een van die laastes wat vir speletjies gekies word.	ja	nee
24. Ek het baie vriende.	ja	nee
25. Mense vind fout met my.	ja	nee
26. Ek kyk liewer hoe ander aan sport en speletjies deelneem, eerder as om saam te speel.	ja	nee
27. Ek is anders as ander mense.	ja	nee
28. Ek is populer by meisies.	ja	nee
29. Ek is gelukkig.	ja	nee
30. Ek is ontevrede met my voorkoms.	ja	nee
31. Die lewe behandel my goed.	ja	nee
32. Ek is tevrede met myself soos ek is.	ja	nee
33. Ek wens ek was anders.	ja	nee
34. Ek is ongelukkig.	ja	nee
35. Ek is vrolik.	ja	nee
36. Ek het 'n vriendelike gesig.	ja	nee
37. Dis maklik om met my oor die weg te kom.	ja	nee
38. Ek is 'n goeie mens.	ja	nee

Kinder Vraelys

Instruksies

Hieronder word sekere persone genoem. Ek wil graag weet hoe hulle jou help en ondersteun. As die persoon of persone wat beskryf word **nie in jou lewe is nie, skryf 'n "X" op die [0] in die eerste kolom**. Gaan dan aan na die volgende vraag.

As die persoon of persone **wel in jou lewe is, skryf 'n "X" op die [1] in in die eerste kolom.** Se dan vir my hoeveel die persoon of persone jou help wanneer jy persoonlike probleme het, wanneer jy geld en ander dinge nodig het, en ook hoe dikwels jy lekker dinge met hulle doen. Beantwoord die vraag deur **'n "X" te skryf op die nommer wat jou ervaring die beste beskryf, in die tweede, derde en vierde kolomme.**

Byvoorbeeld, as jy 'n suster het met wie jy dikwels lekker dinge doen, en wat jou dikwels help wanneer jy 'n persoonlike probleem het, maar wat jou nie help met geld en ander dinge nie, sou jy die vraag soos volg beantwoord:

Hierdie persoon is in my lewe			Hierdie persoon help my wanneer ek 'n persoonlike probleem het			Hierdie persoon help my wanneer ek geld en ander dinge nodig het			Ek doen lekker dinge met hierdie persoon		
	NEE	**JA**	**Glad nie**	**n Bietjie**	**Baie**	**Glad nie**	**n Bietjie**	**Baie**	**Nooit**	**Soms**	**Dikwels**
1. Jou suster	[0]	[1]	[1]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]

Vertel vir my nou oor ander mense in jou lewe:

Hier die persoon is in my lewe			Hierdie persoon help my wanneer ek 'n persoonlike probleem het			Hierdie persoon help my wanneer ek geld en ander dinge nodig het			Ek doen lekker dinge met hierdie persoon		
	NEE	**JA**	**Glad nie**	**n Bietjie**	**Baie**	**Glad nie**	**n Bietjie**	**Baie**	**Nooit**	**Soms**	**Dikwels**
1. Jou ma	[0]	[0]	[0]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
2. Jou pa	[0]	[0]	[0]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
3. Jou susters of broers	[0]	[0]	[0]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
4. 'n Onderwyser	[0]	[0]	[0]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
5. Die skoolhoof of vise-hoof	[0]	[0]	[0]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
6. Kinders jou ouderdom	[0]	[0]	[0]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
7. Jou groep beste vriende	[0]	[0]	[0]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]
8. Ander mense	[0]	[0]	[0]	[2]	[3]	[1]	[2]	[3]	[1]	[2]	[3]

APPENDIX IV

Caregiver Questionnaires

PARENT QUESTIONNAIRES

Name.....

Address.....
.....

Date of birth.....

Gender (tick the appropriate box) Female Male

Child's name.....

Child's age.....

Please complete the following four questionnaires. The first questionnaire will ask you to fill in your personal or demographic details, the second questionnaire will ask you questions about aspects of your child's behaviour, the third questionnaire will ask you questions about the kinds of support you receive from others, and the fourth questionnaire will ask you about parenting.

Please answer the following questions as honestly as possible. There are no right of wrong answers. All the information you provide will be kept strictly confidential and used ONLY for academic purposes.

If there is anything you don't understand, or any questions you would like to ask while completing the questionnaires, please feel free to ask the researcher.

Thank you for your participation!

DEMOGRAPHIC DETAILS

Please answer the following questions by making an "X" in the box next to the option that best applies to you OR, where indicated, by writing your response in the space provided.

PARENT QUESTIONNAIRE

Marital status

3. Living with Partner..... ☐
4. Not Living with Partner..... ☐

How many adults live in your household?

.....

How many children in your household do you have to take care of?

.....

Who is the primary person taking care of the child attending this school?

1. Mother..... ☐
2. Father..... ☐
3. Grandparent..... ☐
4. Other Relatives..... ☐
5. Sibling..... ☐
6. Other..... ☐

What is your weekly family income?

1. None..... ☐
2. < R 250.00..... ☐
3. R 251.00 - R 350.00..... ☐
4. R 351.00 - R 450.00..... ☐
5. R 451.00 - R 600.00..... ☐
6. R 601.00 - R 850.00..... ☐
7. R 851.00 +..... ☐

What is the highest standard you passed at at school?

.....

Have you got a diploma or university degree? yes ☐ no ☐

Are you employed? yes ☐ no ☐

South African Child Assessment Schedule (SACAS)

I have some questions I would like to ask you about problems and skills some children have.
I would like you to tell me the extent to which it is true that your has these problems and skills.
In responding tell me whether each question is ***0 = Not True, 1 = Sometimes True,***
2 = Often True of your child. Please tick the appropriate box.

Not True	Sometimes True	OftenTrue	
0	1	2	1. Does your child seem fragile or cry when an adult just looks at him/her?
0	1	2	2. Does your child accept and listen to criticism calmly?
0	1	2	3. Does your child accept restrictions from adults?
0	1	2	4. Does your child act too young for his/her age?
0	1	2	5. Does your child adjust well to changes in the classroom?
0	1	2	6. Is your child affectionate towards others?
0	1	2	7. Is your child an angry child?
0	1	2	8. Does your child approach new experiences confidently, without fear?
0	1	2	9. Does your child argue?
0	1	2	10. Does your child avoid activities which s/he is not good at?
0	1	2	11. Does your child brag or boast?
0	1	2	12. Does your child bully os is s/he mean to others?
0	1	2	13. Is your child unable to concentrate, pay attention for long?
0	1	2	14. Is your child unable to get his/her mind off certain thoughts?
0	1	2	15. Is your child unable to sit still, does s/he squirm?
0	1	2	16. Can your child accept things not going his/her way?
0	1	2	17. Does your child cling to adults, is s/he too dependent?
0	1	2	18. Does your child complain of aches or pains in his/her arms or legs?
0	1	2	19. Does your child complain of dizziness?
0	1	2	20. Does your child complain of headaches?
0	1	2	21. Does your child complain of loneliness?
0	1	2	22. Does your child complain of nausea or feeling sick?
0	1	2	23. Does your child complain of stomach aches or cramps?
0	1	2	24. Does your child complete homework?
0	1	2	25. Is your child confused, in a fog (does not keep up with others)?
0	1	2	26. Does your child cry without good reason?
0	1	2	27. Does your child day dream or get lost in his/her thoughts?
0	1	2	28. Does your child defy authority or break rules?
0	1	2	29. Does your child deliberately destroy things that belong to others?
0	1	2	30. Does your child demand attention?
0	1	2	31. Does your child destroy his/her own things?
0	1	2	32. Is your child disobedient at home?
0	1	2	33. Is your child disobedient at school?
0	1	2	34. Does your child eat poorly?
0	1	2	35. Is your child easily jealous?

Not True	Sometimes True	OftenTrue	
0	1	2	36. Does your child face the pressures of competition well?
0	1	2	37. Does your child have specific fears?
0	1	2	38. Does your child fear s/he might do something bad?
0	1	2	39. Does your child feel good about him/herself?
0	1	2	40. Does your child feel s/he has to be perfect?
0	1	2	41. Does your child feel too guilty?
0	1	2	42. Does your child feel worthless or inferior?
0	1	2	43. Does your child feel/complain that no one loves him/her?
0	1	2	44. Does your child function well even with distractions?
0	1	2	45. Is your child generally relaxed?
0	1	2	46. Does your child get teased by other children?
0	1	2	47. Is your child good at counting (maths)?
0	1	2	48. Is your child happy?
0	1	2	49. Does your child have a good sense of humor; smile alot?
0	1	2	50. Does your child have many friends?
0	1	2	51. Does your child have strange ideas? If this is true, please describe
0	1	2	52. Does your child hear things that aren't there? If this is true, please describe
0	1	2	53. Does your child hesitate to try new things?
0	1	2	54. Is your child impulsive or does s/he act without thinking?
0	1	2	55. Is your child interested in school work?
0	1	2	56. Is your child irritable?
0	1	2	57. Is your child a good reader for his/her grade?
0	1	2	58. Does your child know his/her strengths and weaknesses?
0	1	2	59. Does your child look unhappy without good reason?
0	1	2	60. Is your child loud, noisy?
0	1	2	61. Is your child loving, shows affection to others?
0	1	2	62. Is your child's mood even and stable?
0	1	2	63. Does your child have nervous movements or twitch?
0	1	2	64. Is your child nervous, highly strung or tense?
0	1	2	65. Is your child not liked by other children?
0	1	2	66. Is your child overactive, restless, unable to sit still?
0	1	2	67. Is your child overweight?
0	1	2	68. Does your child physically attack people?
0	1	2	69. Does your child play enthusiastically?
0	1	2	70. Is your child polite and courteous?
0	1	2	71. Is your child poor at school work?
0	1	2	72. Is your child poorly co-ordinated or clumsy?
0	1	2	73. Does your child prefer playing with younger children?
0	1	2	74. Does your child prefer to be alone?
0	1	2	75. Does your child have problems with his/her eyes not corrected by glasses?
0	1	2	76. Does your child require restrictions to control him/her?
0	1	2	77. Does your child have rashes or other skin problems?
0	1	2	78. Does your child refuse to talk in certain situations?

Not True	Sometimes True	OftenTrue	
0	1	2	79. Does your child repeat certain acts over and over?
0	1	2	80. Does your child resolve peer problems on his/her own?
0	1	2	81. Is your child sad or depressed?
0	1	2	82. Does your child scream?
0	1	2	83. Is your child secretive, does s/he keep things to him/herself?
0	1	2	84. Does your child seem to think that others are out to get him/her?
0	1	2	85. Does your child see things that aren't there?
0	1	2	86. Is your child self-conscious or easily embarrassed?
			87. Does your child show interest in people around him/her?
0	1	2	88. Does your child show off or clown?
0	1	2	89. Is your child shy or timid?
0	1	2	90. Does your child stare blankly?
0	1	2	91. Does your child stare into space or seem preoccupied?
0	1	2	92. Does your child start fights?
0	1	2	93. Does your child have strange behaviour?If this is true, please describe
0	1	2	94. Is your child stubborn, sullen or irritable?
0	1	2	95. Does your child have sudden changes in mood or feelings?
0	1	2	96. Does your child pull a face, sulk or pout?
0	1	2	97. Is your child suspicious of others?
0	1	2	98. Does your child talk too much?
0	1	2	99. Does your child tease other kids?
0	1	2	100. Does your child have temper tantrums or a hot temper?
0	1	2	101. Does your child threaten people?
0	1	2	102. Is your child too fearful or anxious?
0	1	2	103. Does your child try to help others?
0	1	2	104. Is your child trustworthy?
0	1	2	105. Is your child underactive, slow-moving or lack energy?
0	1	2	106. Does your child vomit, throw up?
0	1	2	107. Is your child well liked by other children his/her age?
0	1	2	108. Is your child well-behaved in school?
0	1	2	109. Is your child withdrawn, doesn't get involved with others?
0	1	2	110. Does your child work up to potential?
0	1	2	111. Does your child suck his/her thumb?
0	1	2	112. Does your child do things to hurt him/herself (e.g. bang his/her head on the wall)?.
0	1	2	113. Does your child worry?

PARENT QUESTIONNAIRE

This questionnaire is about the kinds of support and help parents receive.
Please be as honest as possible in your responses. Your answers will be kept strictly confidential.

Please indicate how many people (if any) you could ask for help in the following situations. Please respond by making an X in the appropriate box.

1a. If you needed help in the middle of the night?	0	1	2 or more
1b. In this situation, who are these people most likely to be?	Family	Friends	Others
2a. If you needed to borrow R250 in an emergency?	0	1	2 or more
2b. In this situation, who are these people most likely to be?	Family	Friends	Others
3a. If you needed help or advice because you felt depressed or confused about something?	0	1	2 or more
3b. In this situation, who are these people most likely to be?	Family	Friends	Others

How often do you participate in social activities with the following people? Please respond by making an X in the appropriate box.

4. relatives	never	several times a year	once a month	once a week	several times a week
5. neighbours	never	several times a year	once a month	once a week	several times a week
6. co-workers	never	several times a year	once a month	once a week	several times a week
7. friends	never	several times a year	once a month	once a week	several times a week

How often do you partake in the following social activities? Please respond by making an X in the appropriate box.

8. A social event at church	never	several times a year	once a month	once a week	several times a week
9. Go with friends to a pub or tavern	never	several times a year	once a month	once a week	several times a week
10. A group activity like sport or dancing	never	several times a year	once a month	once a week	several times a week

Please indicate how many people (if any) you receive help from during the course of one month in the following situations.
Please respond by making an X in the appropriate box.

11a. Help with baby-sitting or child care?	0	1	2 or more
11b. In this situation, who are these people most likely to be?	Family	Friends	Others
12a. Help with repairs to your home or car	0	1	2 or more
12b. In this situation, who are these people most likely to be?	Family	Friends	Others
13a. Offer advice, encouragement and support	0	1	2 or more
13b. In this situation, who are these people most likely to be?	Family	Friends	Others

AAPI

INSTRUCTIONS: *there are 32 statements in this questionnaire. They are statements about parenting and raising children. To complete this questionnaire you need to decide the degree to which you agree or disagree with each statement. Circle the responses which best describe your opinion.*

STRONGLY AGREE: Circle **SA** if you strongly support the statement, or feel the statement is true most or all of the time.

AGREE: Circle **A** if you support the statement, or feel this statement is true some of the time

STRONGLY DISAGREE: Circle **SD** if you feel you cannot support the statement, or that the statement is not true most of the time.

DISAGREE: Circle **D** if you feel you cannot support the statement, or that the statement is not true some of the time.

UNCERTAIN: Circle **U** only when it is impossible to decide on one of the other choices.

In answering the following questions, please keep these points in mind:

1. Please respond to the statement truthfully. **There are no right or wrong answers** - only your opinion. Remember that your opinions will be kept strictly confidential.

2. Respond to the statements as **quickly** as you can. Give the first response that comes to mind.

3. Circle only **one response** for each statement.

4. Although some statement may seem much like others, no two statement are exactly alike. Please respond to **every statement.**

If there is anything you don't understand, feel free to ask the researcher.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Young children should be expected to comfort their mother when she is feeling sad or unhappy.	SA	A	U	D	SD
2. Parents should teach their children right from wrong by sometimes using physical punishment.	SA	A	U	D	SD
3. Children should be the main source of comfort and care for their parents.	SA	A	U	D	SD
4. Young children should be expected to hug their mother when she is sad.	SA	A	U	D	SD
5. Parents will spoil their children if they pick them up and comfort them when they cry.	SA	A	U	D	SD
6. Children should be expected to use words to express themselves before the age of one year.	SA	A	U	D	SD
7. A good child will comfort both of his/her parents after the parents have had an argument.	SA	A	U	D	SD
8. Children learn good behaviour if their parents use physical punishment to discipline them.	SA	A	U	D	SD
9. Children develop good, strong characters through very strict discipline.	SA	A	U	D	SD
10. Parents should expect children younger than three years old to begin taking care of themselves.	SA	A	U	D	SD
11. Young children should know how to comfort their parents after a hard day's work.	SA	A	U	D	SD
12. Parents should slap their child when s/he has done something wrong.	SA	A	U	D	SD
13. Children should always be spanked when they misbehave.	SA	A	U	D	SD
14. Young children should be responsible for much of the happiness of their parents.	SA	A	U	D	SD
15. Parents have a responsibility to spank their children when they misbehave.	SA	A	U	D	SD
16. Parents should expect their children to feed themselves by 12 months.	SA	A	U	D	SD
17. Parents should expect all their children to grow at about the same rate.	SA	A	U	D	SD
18. Young children who feel secure often grow up expecting too much.	SA	A	U	D	SD
19. Children should always "pay the price" for misbehaving.	SA	A	U	D	SD
20. Children younger than three years old should be expected to feed, bathe, and clothe themselves.	SA	A	U	D	SD
21. Parents who are sensitive to their children's feelings and moods often spoil their children.	SA	A	U	D	SD

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
22. Children deserve more discipline than they get.	SA	A	U	D	SD
23. Children whose needs are not taken care of will often grow up to be more independent.	SA	A	U	D	SD
24. Parents who encourage communication with their children only end up listening to complaints.	SA	A	U	D	SD
25. Children are more likely to learn appropriate behaviour when they are spanked for misbehaving.	SA	A	U	D	SD
26. Children will stop crying faster if they are ignored.	SA	A	U	D	SD
27. Children five months of age should be able to sense what their parents expect of them.	SA	A	U	D	SD
28. Children who are given too much love by their parents often grow up to be stubborn and spoiled.	SA	A	U	D	SD
29. Children should be forced to respect parental authority.	SA	A	U	D	SD
30. Young children should try to make their parents' life more pleasurable.	SA	A	U	D	SD
31. Young children who are hugged and kissed usually grow up to be "sissies".	SA	A	U	D	SD
32. Young children should be expected to comfort their father when he is upset.	SA	A	U	D	SD

OUER VRAELYSTE

Name.....

Adres.....
.....

Geboorte datum

Geslag (maak 'n "X" in die gepaste blokkie) Manlik Vroulik

Kind se name.....

Kind se ouderdom.....

Voltooi asseblief die volgende vier vraelyste. Die eerste vraelys sal vrae vra oor u persoonlike besonderhede, die tweede vraelys sal vrae vra oor aspekte van u kind se gedrag, die derde vraelys sal vrae vra oor die hulp en ondersteuning wat u van ander mense ontvang, en die vierde vraelys sal vrae vra oor die manier waarop u u kind grootmaak.

Beantwoord asseblief die volgende vrae so eerlik as moontlik. Daar is geen regte of verkeerde antwoorde nie. Die inligting wat u verskaf sal as streng vertroulik beskou word en sal NET vir akademiese doeleindes gebruik word.

As daar enige iets is wat u nie verstaan nie, of vrae wat u wil vra wanneer u die vraelyste voltooi, vra asseblief vir die navorser om u te help.

Baie dankie vir u deelname!

South African Child Assessment Schedule (SACAS)

Ek het 'n paar vrae wat ek u wil vra oor kinders se probleme en vaardighede.
Ek wil graag hê dat u vir my sê tot watter mate u kind hierdie probleme en vaardighede het.
In u antwoorde, dui aan of elke vraag ***0 = Nie Waar Nie, 1 = Soms Waar, of 2 = Dikwels Waar*** *is van u kind.*

Nie Waar Nie	*Soms Waar*	*Dikwels Waar*	
0	1	2	1. Kom u kind bang voor of huil sy/hy wanneer 'n volwassene net na hom/haar kyk?
0	1	2	2. Aanvaar en luister u kind kalm na kritiek?
0	1	2	3. Aanvaar u kind beperkings van volwassenes?
0	1	2	4. Tree u kind te jonk vir sy/haar onderdom op?
0	1	2	5. Pas u kind goed aan by veranderinge in die klaskamer roetine?
0	1	2	6. Is u kind liefdevol teenoor ander?
0	1	2	7. Is u kind kwaai?
0	1	2	8. Benader u kind nuwe ervaringe met selfvertroue, sonder vrees?
0	1	2	9. Is u kind stryerig?
0	1	2	10. Vermy u kind aktiwiteite waarin hy/sy nie goed is nie?
0	1	2	11. Spog u kind, of is sy/hy grootpraterig?
0	1	2	12. Boelie u kind ander of is sy/hy gemeen met ander?
0	1	2	13. Sukkel u kind om te konsentreer, het hy/sy 'n kort aandagspan?
0	1	2	14. Vind u kind dit moeilik om sekere gedagtes uit sy/haar kop te kry?
0	1	2	15. Sukkel u kind om stil te sit, kriewel hy/sy?
0	1	2	16. Kan u kind dit aanvaar as hy/sy nie sy/haar sin kry nie?
0	1	2	17.Klou u kind aan volwassenes, is hy/sy te afhanklik?
0	1	2	18. Kla u kind van pyn in sy/haar arms of bene?
0	1	2	19. Kla u kind van duiseligheid?
0	1	2	20. Kla u kind van hoofpyn?
0	1	2	21. Kla u kind van eensaamheid?
0	1	2	22. Kla u kind van naarheid of dat hy/sy siek voel?
0	1	2	23. Kla u kind van maagpyn of krampe?
0	1	2	24. Voltooi u kind sy/haar huiswerk?
0	1	2	25. Is u kind verward, deur die mis?
0	1	2	26. Huil u kind sonder goeie rede?
0	1	2	27. Is u kind ingedagte of raak hy/sy verlore in sy/haar gedagtes?
0	1	2	28. Staan u kind outoriteit teen of verbreek hy/sy reels?
0	1	2	29. Sal u kind met opset goed wat aan ander behoort, verniel?
0	1	2	30. Dring u kind op aandag aan?
0	1	2	31. Verniel u kind sy/haar eie besittings?
0	1	2	32. Is u kind ongehoorsaam by die huis?
0	1	2	33. Is u kind ongehoorsaam by die skool?
0	1	2	34. Eet u kind sleg?
0	1	2	35. Word u kind maklik jaloers?
0	1	2	36. Hanteer u kind die druk van kompetisie goed?

Nie Waar Nie	*Soms Waar*	*Dikwels Waar*	
0	1	2	79. Herhaal u kind sekere aktiwiteite oor en oor?
0	1	2	80. Los u kind probleme met sy ouderdomsgroep alleen op?
0	1	2	81. Is u kind hartseer of depressief?
0	1	2	82. Skree u kind?
0	1	2	83. Is u kind geheimsinnig, hou hy/sy dinge geheim?
0	1	2	84. Lyk dit asof u kind dink dat ander hom wil kwaad aandoen?
0	1	2	85. Sien u kind dinge wat nie daar is nie?
0	1	2	86. Is u kind selfbewus of maklik verlee?
0	1	2	87. Toon u kind belangstelling in mense rondom hom/haar?
0	1	2	88.Probeer u kind aandag trek, tree hy/sy soos 'n hanswors op?
0	1	2	89. Is u kind skaam of skugter?
0	1	2	90. Staar u kind uitdrukkingloos?
0	1	2	91. Staar u kind of lyk hy/sy ingedagte?
0	1	2	92. Begin u kind bakleiery?
0	1	2	93. Is u kind se gedrag soms vreemd? Indien wel, beskryf dit_____
0	1	2	94. Is u kind hardkoppig, nors of ergerlik?
0	1	2	95. Het u kind skielike veranderings van buie of gevoelens?
0	1	2	96. Trek u kind gesigte, is hy/sy nukkerig of dikmond?
0	1	2	97. Is u kind agterdogtig teenoor ander?
0	1	2	98. Praat u kind te veel?
0	1	2	99. Terg u kind ander kinders?
0	1	2	100. Het u kind temperamentele uitbarstings of kan sy/hy maklik opvlam?
0	1	2	101. Dreig u kind mense?
0	1	2	102. Is u kind te vreesbevange of angstig?
0	1	2	103. Probeer u kind om ander te help?
0	1	2	104. Is u kind betroubaar?
0	1	2	105. Is u kind onderaktief, beweeg hy/sy stadig, of het hy/sy min energie?
			106. Gooi u kind op?
0	1	2	107. Hou ander kinders van sy/haar ouderdom van u kind?
0	1	2	108. Gedra u kind hom/haar goed by die skool?
0	1	2	109. Is u kind teruggetrokke, onbetrokke by ander mense?
0	1	2	110. Werk u kind na sy/haar potensiaal?
0	1	2	111. Suig u kind sy/haar duim?
0	1	2	112. Doen u kind dinge om hom/haarself seer te maak (b.v. stamp sy/haar kop teen die muur)?
0	1	2	113. Bekommer u kind hom/haar?

Spesifiseer asseblief van hoeveel mense u hulp ontvang in the volgende situasies in een maand
Maak asseblief n X in die gepaste spasie.

11a. Met baba-oppas of kinder-versorging?	0	1	2 of meer
11b. In hierdie omstandighede, wie is die waarskynlikste mense wat u sal help?	Familie	Vriende	Ander
12a. Om u woning or motor reg te maak?	0	1	2 of meer
12b. In hierdie omstandighede, wie is die waarskynlikste mense wat u sal help?	Familie	Vriende	Ander
13a. Vir advies, aanmoediging en ondersteuning?	0	1	2 of meer
13b. In hierdie omstandighede, wie is die waarskynlikste mense wat u sal help?	Familie	Vriende	Ander

	Stem heeltemal saam	Stem saam	Onseker	Stem nie saam nie	Stem glad nie saam nie
1. Jong kinders behoort hulle ma te troos wanneer sy hartseer of ongelukkig voel.	SHS	SS	O	SNSN	SGNSN
2. Ouers behoort deur lyfstraf kinders te leer wat reg en verkeerd is.	SHS	SS	O	SNSN	SGNSN
3. Kinders behoort die belangrikste mense te wees wat aan hul ouers troos en versorging gee.	SHS	SS	O	SNSN	SGNSN
4. Kinders behoort hulle ma 'n drukkie te gee as sy hartseer is.	SHS	SS	O	SNSN	SGNSN
5. Ouers sal hulle kinders bederf as hulle hul kinders optel en troos wanneer hulle huil.	SHS	SS	O	SNSN	SGNSN
6. 'n Mens behoort van kinders te verwag om voor die ouderdom van een jaar woorde te gebruik.	SHS	SS	O	SNSN	SGNSN
7. 'n Goeie kind sal albei sy/haar ouers troos wanneer hulle rusie gemaak het.	SHS	SS	O	SNSN	SGNSN
8. Kinders leer goeie gedrag as hulle ouers lyfstraf gebruik om hulle te dissiplineer.	SHS	SS	O	SNSN	SGNSN
9. Kinders kry goeie, sterk karakters deur baie streng dissipline.	SHS	SS	O	SNSN	SGNSN
10. Ouers behoort van kinders jonger as drie jaar te verwag om na hulself te begin kyk.	SHS	SS	O	SNSN	SGNSN
11. Jong kinders behoort te weet hoe om hulle ouers te troos na 'n moeilike dag by die werk.	SHS	SS	O	SNSN	SGNSN
12. Ouers behoort hulle kind te klap wanneer hy/sy iets verkeerds gedoen het.	SHS	SS	O	SNSN	SGNSN
13. Kinders behoort altyd geslaan te word as hulle hul sleg gedra.	SHS	SS	O	SNSN	SGNSN
14. Jong kinders behoort verantwoordelik te wees vir baie van die geluk van hulle ouers.	SHS	SS	O	SNSN	SGNSN
15. Ouers het 'n verantwoordelikheid om hulle kinders te slaan as hulle hul sleg gedra.	SHS	SS	O	SNSN	SGNSN
16. Ouers behoort van kinders te verwag dat hulle self eet teen twaalf maande.	SHS	SS	O	SNSN	SGNSN
17. Ouers behoort te verwag dat al hulle kinders ewe vinnig groei.	SHS	SS	O	SNSN	SGNSN
18. Jong kinders met sekuriteit verwag dikwels te veel as hulle groot is.	SHS	SS	O	SNSN	SGNSN
19. Kinders behoort altyd "te betaal" vir slegte gedrag.	SHS	SS	O	SNSN	SGNSN
20. Kinders jonger as drie jaar oud behoort self te kan eet, te bad en aan te trek.	SHS	SS	O	SNSN	SGNSN
21. Ouers wat sensitief vir hulle kinders se gevoelens en buie is bederf dikwels hulle kinders.	SHS	SS	O	SNSN	SGNSN

APPENDIX V

Tables and Figures

Table 5

Age differences in exposure to violence

	Being chased	Threat of physical harm	Slapped, punched/ hit	Badly beaten up	Mugged	Sexual assault/ rape	Stabbed with a knife	Shot with a gun	Being killed /threat of being killed
Indirect									
16 Years	2	1	2	1	1	0	1	1	1
N = 2	100%	50%	100%	50%	50%	0%	50%	50%	50%
Direct									
16 Years	0	0	1	0	0	0	1	0	0
N = 2	0%	0%	50%	0%	0%	0%	50%	0%	0%
Indirect									
15 Years	13	8	13	8	6	2	9	6	1
N = 15	86.60%	53.33%	86.60%	53.33%	40%	13.33%	60%	40%	6.66%
Direct									
15 Years	6	4	8	2	4	0	2	2	2
N = 15	40%	26.66%	53.33%	13.33%	26.66%	0.00%	13.33%	13.33%	13.33%
Indirect									
14 Years	24	15	25	14	11	3	18	10	6
N = 26	92.30%	57.69%	96.15%	53.84%	42.30%	11.53%	69.23%	38.46%	23.07%
Direct									
14 Years	12	7	11	4	7	0	4	0	1
N = 26	46.14%	26.92%	42.30%	15.38%	26.92%	0.00%	15.38%	0.00%	3.84%
Indirect									
13 Years	58	43	59	49	28	13	49	28	22
N = 63	92.06%	68.25%	93.65%	77.77%	44.44%	20.63%	77.77%	44.44%	34.92%
Direct									
13 Years	23	15	27	6	18	3	9	3	10
N = 63	36.50%	23.80%	42.85%	9.52%	28.57%	4.76%	14.28%	4.76%	15.87%
Indirect									
12 Years	32	22	35	25	12	7	25	16	9
N = 37	86.48%	59.45%	94.59%	67.56%	32.43%	18.91%	67.56%	43.24%	24.32%
Direct									
12 Years	13	16	21	7	9	3	6	0	4
N = 37	35.13%	43.24%	56.75%	18.91%	24.32%	8.10%	16.21%	0.00%	10.81%
Indirect									
11 Years	46	44	64	42	42	16	36	24	14
N = 70	65.71%	62.85%	91.42%	60%	60%	22.85%	51.42%	34.28%	20%
Direct									
11 Years	26	24	37	13	16	6	10	3	7
N = 70	37.14%	34.28%	52.85%	19%	23%	8.57%	14.28%	4.28%	10%
Indirect									
10 Years	45	46	58	44	37	24	38	26	19
N = 68	66.17%	67.64%	85.29%	64.70%	54.41%	35.29%	55.88%	38.23%	27.94%
Direct									
10 Years	33	20	30	7	19	4	4	1	5
N = 68	48.52%	29.41%	44.11%	10.29%	27.94%	5.88%	5.88%	1.47%	7.35%
Indirect									
9 Years	14	15	20	11	9	7	11	7	7
N = 24	58.33%	62.50%	83.33%	45.83%	37.50%	29.16%	45.83%	29.16%	29.16%
Direct									
9 Years	6	5	10	5	6	3	3	1	2
N = 24	25%	20.83%	41.66%	20.83%	25%	12.50%	12.50%	4.16%	8.33%

N = 305

Table 10

Social support for caregivers and parenting attitudes: Means and Standard Deviations

	Valid N	Role Reversal	Empathy	Expectations	Punishment
Low Perceived Support	71.00	21.38	24.24	21.13	29.70
	71.00	6.84	6.84	5.94	7.94
High Perceived Support	78.00	23.62	26.09	21.87	31.47
	78.00	8.39	7.10	5.78	8.15
	Valid N	Role Reversal	Empathy	Expectations	Punishment
Low Social Activities	91.00	23.75	26.75	24.21	32.64
	91.00	8.83	7.59	4.81	8.73
High Social Activities	85.00	20.79	23.12	19.04	28.13
	85.00	5.37	5.49	5.18	6.15
	Valid N	Role Reversal	Empathy	Expectations	Punishment
Low Receipt of Help	79.00	20.10	23.80	21.97	29.41
	79.00	6.46	6.79	5.51	7.76
High Receipt of Help	71.00	23.30	25.42	20.21	30.69
	71.00	7.28	6.40	5.49	7.79

Table 11

Social support for children and child and adolescent adjustment: Means and Standard Deviations

	Valid N	Affability	Resilience	Anxiety/Depression	Opposition/Defiance	Self-Regulation	Aggression
Low School Support	91.00	8.88	5.29	8.87	3.23	7.11	8.48
	91.00	3.01	2.06	4.21	1.64	2.96	3.76
High School Support	72.00	9.88	5.49	6.51	2.74	6.04	6.72
	72.00	2.79	1.84	3.93	1.68	3.07	4.03
	Valid N	Affability	Resilience	Anxiety/Depression	Opposition/Defiance	Self-Regulation	Aggression
Low Peer Support	90.00	9.12	5.38	8.56	3.11	7.04	8.39
	90.00	2.80	2.09	4.27	1.71	2.88	3.65
High Peer Support	86.00	9.63	5.31	7.05	2.94	6.14	7.06
	86.00	3.04	1.78	3.98	1.70	3.17	4.15
	Valid N	Affability	Resilience	Anxiety/Depression	Opposition/Defiance	Self-Regulation	Aggression
Low Family Support	90.00	9.28	5.23	8.97	3.27	7.37	8.92
	90.00	2.66	1.86	3.85	1.71	2.82	3.87
High Family Support	87.00	9.72	5.52	6.63	2.79	5.90	6.52
	87.00	3.29	2.13	4.20	1.71	3.09	3.74

Table 12

Relationships between direct and indirect exposure to violence and child and adolescent adjustment

	Indirect exposure		Direct exposure		Affability		Resilience		Anxiety/Dep		Opposition/Def		Self-Regulation		Aggression	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Indirect Exposure	1.00	1.00	**0.55**	**0.34**	-0.08	-0.06	-0.18	0.03	0.15	0.07	**0.24**	-0.03	0.17	0.05	0.09	-0.01
Direct Exposure	**0.55**	**0.34**	1.00	1.00	-0.09	-0.11	-0.16	0.01	0.01	0.11	0.17	-0.05	0.06	0.08	0.00	0.01

Marked correlations significant at $p < 0.05$
Girls: N = 93; Boys: N = 91

Table 18

Relationships between community, parental and child variables and child and adolescent adjustment

Exposure to violence	Affability	Resilience	Anxiety/Depression	Opposition/Defiance	Self-Regulation	Aggression
Indirect Exposure to violence	-0.07	-0.05	0.12	**0.19**	0.11	0.10
Direct Exposure to violence	-0.07	-0.05	0.04	0.15	0.11	0.03
Demographic variables						
Child age	**0.22**	0.09	-0.03	-0.13	-0.15	-0.05
Child gender	-0.05	-0.12	0.12	-0.13	-0.12	-0.08
Income	0.15	0.14	**-0.16**	-0.11	-0.15	-0.08
Caregiver education	-0.12	-0.09	**0.25**	**-0.16**	0.03	0.08
Child social support variables						
Family support	0.10	0.09	**-0.26**	-0.10	**-0.20**	**-0.28**
School support	0.09	0.03	**-0.24**	-0.09	**-0.17**	**-0.28**
Peer support	0.09	-0.03	**-0.18**	-0.07	-0.15	**-0.20**
Caregiver social support variables						
Perceived social support	0.01	-0.03	0.11	0.01	0.02	-0.02
Social activities	**-0.24**	**-0.28**	**0.29**	0.12	**0.28**	**0.23**
Receipt of help	-0.12	-0.11	0.12	0.01	0.00	0.06
Caregiving practices						
Role reversal	-0.08	**-0.20**	**0.17**	-0.02	-0.06	0.11
Empathy	0.06	-0.03	-0.11	-0.13	**-0.29**	**-0.26**
Punishment	**0.17**	0.06	**-0.20**	**-0.22**	**-0.35**	**-0.26**
Expectations	**0.31**	**0.26**	**-0.36**	**-0.21**	**-0.38**	**-0.39**

N = 184

Marked correlations significant at $p < 0.05$

Table 19

Hierarchical multiple regression analysis of affability

	Multiple R-square	*R-square Change*	*F Ratio*	*p-level*	*Beta*
Block 1	0.145		6.461	0.000	
Role reversal					-0.17
Empathy					-0.18
Expectations					0.37
Punishment					0.17
Block 2	0.158	0.013	4.007	0.000	
Role reversal					-0.18
Empathy					-0.18
Expectations					0.29
Punishment					0.19
Perceived social support					0.08
Social activities					-0.12
Receipt of help					-0.02
Block 3	0.186	0.027	3.725	0.000	
Role reversal					-0.24
Empathy					-0.17
Expectations					0.29
Punishment					0.18
Perceived social support					0.05
Social activities					-0.05
Receipt of help					0.00
Child age					0.19
Child gender					-0.04
Block 4	0.208	0.023	3.471	0.001	
Role reversal					-0.21
Empathy					-0.18
Expectations					0.30
Punishment					0.17
Perceived social support					0.05
Social activities					-0.05
Receipt of help					0.01
Child age					0.17
Child gender					-0.02
Income					0.14
Caregiver education					-0.09
Block 5	0.213	0.005	2.751	0.001	
Role reversal					-0.20
Empathy					-0.18
Expectations					0.29
Punishment					0.18
Perceived social support					0.07
Social activities					-0.05
Receipt of help					0.00
Child age					0.17
Child gender					-0.02
Income					0.13
Caregiver education					-0.09
Family support					0.04
School support					-0.05
Peer support					0.07
Block 6	0.224	0.010	2.532	0.001	
Role reversal					-0.20
Empathy					-0.20
Expectations					0.30
Punishment					0.19
Perceived social support					0.06
Social activities					-0.05
Receipt of help					0.00
Child age					0.17
Child gender					-0.05
Income					0.13
Caregiver education					-0.09
Family support					0.04
School support					-0.05
Peer support					0.07
Indirect exposure					-0.01
Direct exposure					-0.10

N = 184

Marked statistics significant at $p < 0.001$

Table 20

Hierarchical multiple regression analysis of resilience

	Multiple R-square	*R-square Change*	*F Ratio*	*p-level*	*Beta*
Block 1	0.166		7.551	0.000	
Role reversal					-0.26
Empathy					-0.18
Expectations					0.39
Punishment					0.09
Block 2	0.193	0.027	5.100	0.000	
Role reversal					-0.28
Empathy					-0.18
Expectations					0.29
Punishment					0.12
Perceived social support					0.03
Social activities					-0.20
Receipt of help					0.06
Block 3	0.217	0.024	4.522	0.000	
Role reversal					-0.28
Empathy					-0.18
Expectations					0.31
Punishment					0.11
Perceived social support					0.01
Social activities					-0.19
Receipt of help					0.06
Income					0.16
Caregiver education					0.00
Block 4	0.224	0.007	3.800	0.000	
Role reversal					-0.28
Empathy					-0.18
Expectations					0.30
Punishment					0.12
Perceived social support					0.01
Social activities					-0.18
Receipt of help					0.06
Income					0.14
Caregiver education					0.00
Child age					0.04
Child gender					-0.08
Block 5	0.235	0.011	3.114	0.000	
Role reversal					-0.28
Empathy					-0.20
Expectations					0.31
Punishment					0.10
Perceived social support					-0.01
Social activities					-0.18
Receipt of help					0.07
Income					0.15
Caregiver education					0.01
Child age					0.04
Child gender					-0.07
Family support					0.07
School support					0.01
Peer support					-0.12
Block 6	0.248	0.013	2.888	0.000	
Role reversal					-0.28
Empathy					-0.22
Expectations					0.32
Punishment					0.10
Perceived social support					-0.02
Social activities					-0.17
Receipt of help					0.07
Income					0.16
Caregiver education					0.02
Child age					0.04
Child gender					-0.11
Family support					0.07
School support					0.01
Peer support					-0.12
Indirect exposure					0.00
Direct exposure					-0.12

N = 184

Marked statistics significant at $p < 0.000$

Table 21

Hierarchical multiple regression analysis of anxiety/depression

	Multiple R-square	*R-square Change*	*F Ratio*	*p-level*	*Beta*
Block 1	0.089		4.969	0.002	
Family support					-0.19
School support					-0.15
Peer support					-0.01
Block 2	0.174	0.085	6.356	0.000	
Family support					-0.15
School support					-0.15
Peer support					-0.01
Income					-0.20
Caregiver education					0.25
Block 3	0.333	0.159	8.164	0.000	
Family support					-0.11
School support					-0.10
Peer support					-0.04
Income					-0.20
Caregiver education					0.16
Role reversal					0.31
Empathy					0.04
Expectations					-0.31
Punishment					-0.21
Block 4	0.352	0.019	6.523	0.000	
Family support					-0.10
School support					-0.10
Peer support					-0.03
Income					-0.20
Caregiver education					0.17
Role reversal					0.33
Empathy					0.04
Expectations					-0.26
Punishment					-0.21
Perceived social support					0.05
Social activities					0.14
Receipt of help					-0.11
Block 5	0.361	0.008	5.722	0.000	
Family support					-0.09
School support					-0.12
Peer support					-0.04
Income					-0.21
Caregiver education					0.16
Role reversal					0.30
Empathy					0.04
Expectations					-0.26
Punishment					-0.22
Perceived social support					0.04
Social activities					0.16
Receipt of help					-0.10
Child age					0.08
Child gender					0.07
Block 6	0.375	0.014	5.250	0.000	
Family support					-0.10
School support					-0.12
Peer support					-0.02
Income					-0.21
Caregiver education					0.15
Role reversal					0.30
Empathy					0.06
Expectations					-0.25
Punishment					-0.24
Perceived social support					0.06
Social activities					0.16
Receipt of help					-0.10
Child age					0.07
Child gender					0.09
Indirect exposure					0.10
Direct exposure					0.04

N = 184

Marked statistics significant at $p < 0.002$

Table 22

Hierarchical multiple regression analysis of opposition/defiance

	Multiple R-square	*R-square Change*	*F Ratio*	*p-level*	*Beta*
Block 1	0.073		3.005	0.020	
Role reversal					0.14
Empathy					0.04
Expectations					-0.11
Punishment					-0.26
Block 2	0.114	0.040	3.208	0.005	
Role reversal					0.15
Empathy					0.08
Expectations					-0.10
Punishment					-0.30
Indirect exposure					0.16
Direct exposure					0.07
Block 3	0.169	0.055	3.758	0.000	
Role reversal					0.22
Empathy					0.09
Expectations					-0.15
Punishment					-0.30
Indirect exposure					0.16
Direct exposure					0.08
Income					-0.08
Caregiver education					-0.22
Block 4	0.178	0.009	3.151	0.001	
Role reversal					0.25
Empathy					0.07
Expectations					-0.13
Punishment					-0.30
Indirect exposure					0.17
Direct exposure					0.05
Income					-0.08
Caregiver education					-0.21
Child age					-0.06
Child gender					-0.08
Block 5	0.189	0.011	2.556	0.003	
Role reversal					0.23
Empathy					0.09
Expectations					-0.13
Punishment					-0.29
Indirect exposure					0.19
Direct exposure					0.04
Income					-0.07
Caregiver education					-0.22
Child age					-0.06
Child gender					-0.09
Family support					-0.09
School support					-0.04
Peer support					0.02
Block 6	0.191	0.003	2.070	0. 01	
Role reversal					0.23
Empathy					0.08
Expectations					-0.13
Punishment					-0.28
Indirect exposure					0.19
Direct exposure					0.04
Income					-0.08
Caregiver education					-0.23
Child age					-0.06
Child gender					-0.08
Family support					-0.09
School support					-0.05
Peer support					0.03
Perceived social support					0.06
Social activities					-0.01
Receipt of help					-0.01

N = 184

Marked statistics significant at $p < 0.02$

Table 23

Hierarchical multiple regression analysis of self-regulation

	Multiple R-square	*R-square Change*	*F Ratio*	*p-level*	*Beta*
Block 1	0.193		9.059	0.000	
Role reversal					0.22
Empathy					-0.09
Expectations					-0.21
Punishment					-0.28
Block 2	0.224	0.031	6.132	0.000	
Role reversal					0.20
Empathy					-0.10
Expectations					-0.20
Punishment					-0.28
Family support					-0.08
School support					-0.01
Peer support					-0.12
Block 3	0.250	0.026	4.800	0.000	
Role reversal					0.23
Empathy					-0.09
Expectations					-0.13
Punishment					-0.30
Family support					-0.08
School support					-0.01
Peer support					-0.11
Perceived social support					0.01
Social activities					0.18
Receipt of help					-0.12
Block 4	0.263	0.013	4.278	0.000	
Role reversal					0.25
Empathy					-0.09
Expectations					-0.14
Punishment					-0.28
Family support					-0.10
School support					0.00
Peer support					-0.10
Perceived social support					0.00
Social activities					0.17
Receipt of help					-0.12
Child age					-0.02
Child gender					-0.12
Block 5	0.284	0.021	4.015	0.000	
Role reversal					0.23
Empathy					-0.08
Expectations					-0.16
Punishment					-0.27
Family support					-0.08
School support					-0.04
Peer support					-0.07
Perceived social support					0.02
Social activities					0.17
Receipt of help					-0.12
Child age					0.02
Child gender					-0.13
Income					-0.15
Caregiver education					0.02
Block 6	0.291	0.008	3.596	0.000	
Role reversal					0.23
Empathy					-0.07
Expectations					-0.15
Punishment					-0.29
Family support					-0.09
School support					-0.05
Peer support					-0.06
Perceived social support					0.03
Social activities					0.17
Receipt of help					-0.12
Child age					0.07
Child gender					0.04
Income					-0.15
Caregiver education					0.01
Indirect exposure					0.07
Direct exposure					0.04

N = 184

Marked statistics significant at $p < 0.000$

Table 24

Hierarchical multiple regression analysis of aggression

	Multiple R-square	*R-square Change*	*F Ratio*	*p-level*	*Beta*
Block 1	0.110		6.322	0.000	
Family support					-0.19
School support					-0.19
Peer support					-0.01
Block 2	0.314	0.203	9.723	0.000	
Family support					-0.12
School support					-0.11
Peer support					-0.08
Role reversal					0.39
Empathy					-0.23
Expectations					-0.24
Punishment					-0.15
Block 3	0.324	0.010	6.985	0.000	
Family support					-0.12
School support					-0.12
Peer support					-0.08
Role reversal					0.41
Empathy					-0.22
Expectations					-0.22
Punishment					-0.16
Perceived social support					-0.07
Social activities					0.07
Receipt of help					-0.06
Block 4	0.336	0.012	6.067	0.000	
Family support					-0.14
School support					-0.12
Peer support					-0.07
Role reversal					0.40
Empathy					-0.21
Expectations					-0.23
Punishment					-0.15
Perceived social support					-0.08
Social activities					0.08
Receipt of help					-0.05
Child age					0.03
Child gender					-0.11
Block 5	0.344	0.008	5.320	0.000	
Family support					-0.13
School support					-0.14
Peer support					-0.05
Role reversal					0.40
Empathy					-0.21
Expectations					-0.25
Punishment					-0.14
Perceived social support					-0.07
Social activities					0.08
Receipt of help					-0.05
Child age					0.06
Child gender					-0.12
Income					-0.10
Caregiver education					-0.01
Block 6	0.354	0.010	4.786	0.000	
Family support					-0.15
School support					-0.16
Peer support					-0.03
Role reversal					0.41
Empathy					-0.21
Expectations					-0.23
Punishment					-0.16
Perceived social support					-0.06
Social activities					0.08
Receipt of help					-0.05
Child age					0.05
Child gender					-0.12
Income					-0.08
Caregiver education					-0.02
Indirect exposure					0.12
Direct exposure					-0.07

N = 184

Marked statistics significant at $p < 0.000$

Figure 4

Normal probability plot: affability

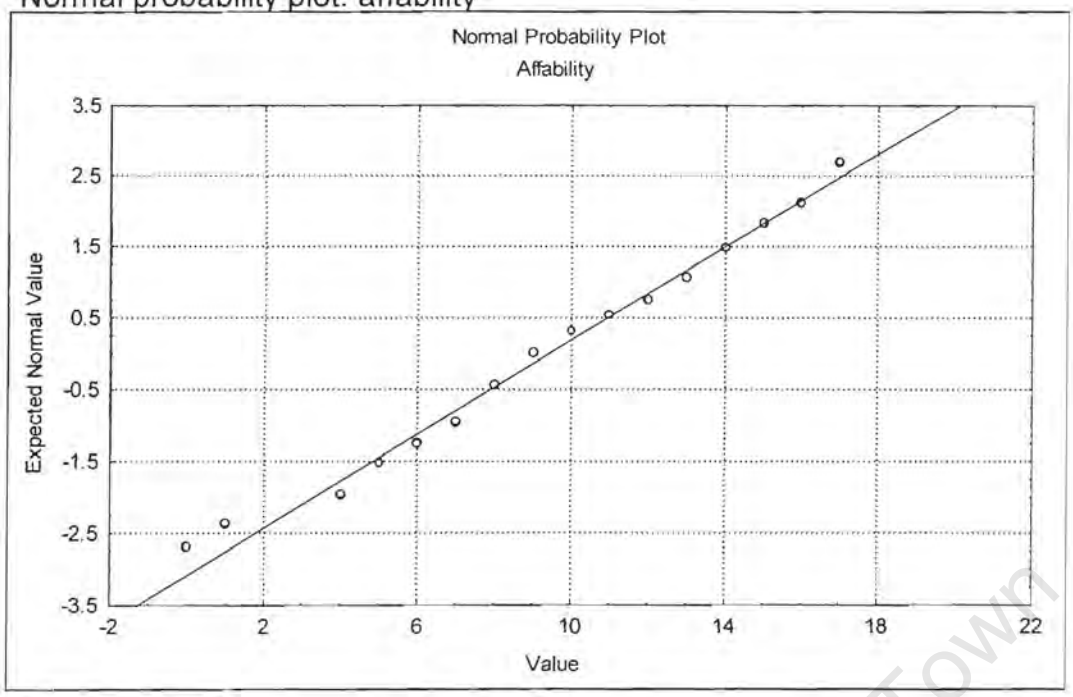

Figure 5

Normal probability plot: resilience

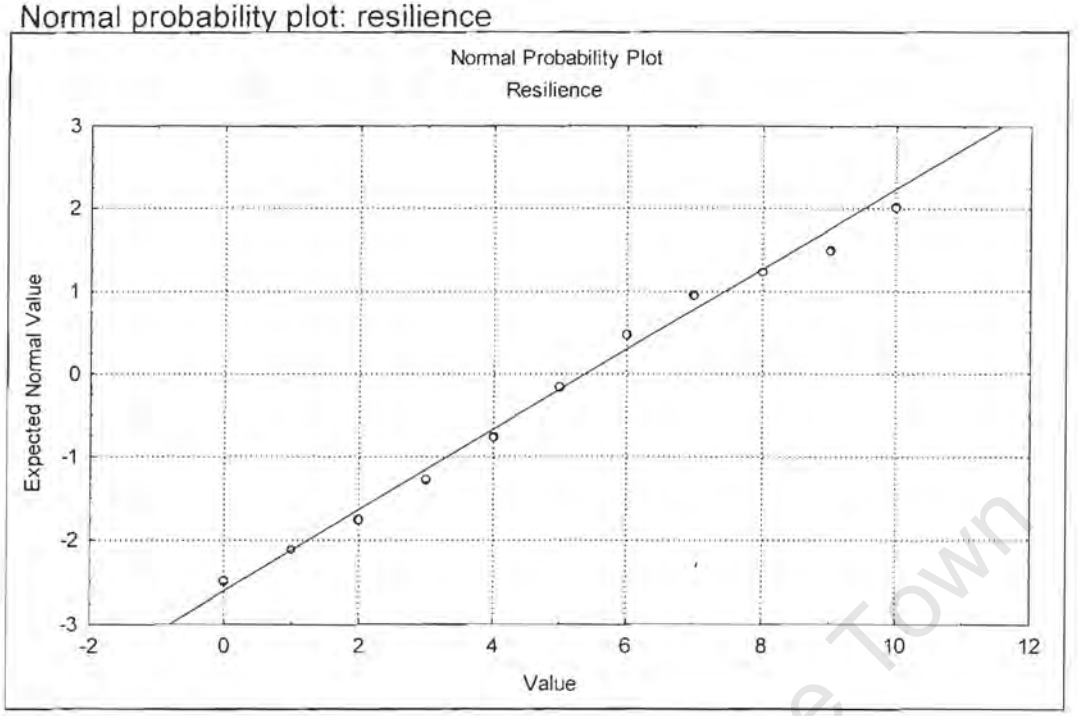

Figure 6

Normal probability plot: opposition/defiance